MARYLAND STATE DEPARTMENT OF HEALTH

142	5 #		CERTIFI	ILAIE (JF DEATH	STREET,			149	1411	
1. PLACE OF DEA	TH .			2.	USUAL RESIDENCE (h con	MTV			on)
	ALLEGANY		MARYL	LAND	MARXE	AND W.V	A.	Ţ,	line	ral	1
b. CITY OR TO	NN (If outside carparote limit	is,	c. LENGTH OF STAY IN	1 1b c.	CITY OR TOWN (If as	utside corporate	limits, write RL	RAL and giv	e neores	town)	
CUMBERI	L and give nearest town)		hours		RIDGELEY			-	5 .	3	
d. NAME OF H	OSPITAL OR INSTITUTION (If n	ot in hospital, gi	ve street oddress)	d	STREET ADDRESS				7	e. IS RESID	
SACRED	HEART HOSPI	TAL			R.D. #	1					NO 2
3. NAME OF		irst	Middle		Lost	4. DATE	Mon	th	Doγ	Yes	ег
(Type or print)	HTRAM		NOLEM	ABI	7,	OF DEATH	NOVE	MBER	1	8 196	66
S. SEX	6. COLOR OR RACE	7. MARRIED 1	to a first to the same of		ATE OF BIRTH		GE (In years			IF UNDER	
MALE	WHITE	WIDOWED	DIVORCEO		2-5-82	83	GE (In years ost birthdoy) yrs.	Months	Doys	Hours	Min.
o. USUAL OCCUPA	ATION (Give kind af work done		ID OF BUSINESS OR		1. BIRTHPLACE (County			12. C	ITIZEN OF	WHAT	
uring most of wo	king life, even if retired) XING ROOM		re Indust			idgeley		TT CC	S.A.		
3. FATHER'S NAI			10 1114400	V	. MOTHER'S MAIDEN			0.01			
		(D)					(m)				
	FREDERICK ABE (D) LUDINDA (DANNISON) (D) WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address										
(Yes, na, ar unkna	wn) (If yes give wor or dotes		OCIAL SECURITY NO.	IZ. INFC		Y A YOUT	Addi	493			
no					PT'S CH	IAHI					
	F DEATH (Enter only one co DEATH WAS CAUSED BY:			0	7/-	1				ERVAL BET SET AND C	
100	IMMEDIATE CAUSE	(0)	congestin	e he	al tosi	lul			In	mil	E
420		T0			hereit a	1.			1		
Canditions, il	ony, which gove	(b)	acteunl	wolk	" News a	Mean			15	Lan	
	diate cause (a), DUE	10	0.	, _					1		
lost.)	(1) Cen	uelierd	arl	engler	ní			11	1200	A
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELA	TEO TO THE	TERMINAL DISEASE COL	NDITION GIVEN I	N PART 1(o)		190	WAS AUTO	OPSY
200, ACCIOEN OR CONTRIBU										PERFORM ES	NO 🖟
20o. ACCIDEN	T WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (Ent	er noture of injury in	Port I or Port II	of item 18.1				
OR CONTRIBU	TING CAUSE OF CEATH										
- I UF CHIEK, NA	TIFY MEOICAL EXAMINER) INJURY Manth, Ooy, Year	204 IN	JURY OCCURRED	200 PLACE O	F INJURY (Home, forn	n. 20f. (t	City or town)	lf o	unty)	- 1	(State)
20c. TIME OF	r a.m.	While	Not While		street, affice bldg., etc.			100	-1171	1	(Since)
	p.m. 19	ot wark		e 19 44		10 ()	/ /	-	11		
	ertify that (1) (this ha		ed the deceased t	fram_/C	1-3-	19 <i>66</i> , to_	//-/	, 182	26, th	of (I) (we) I
	e deceased alive an_	11-16	19 <u>00</u> , a	ind that de	eath accurred at	M,	rram causes		17		a aba
22a, SIGNA	100	1			ATTENDING	_MED	STAFF	22b. E	ITE SIGN	ED /	- ,
	www /sh	MO		M.D.	PHYS.	DIRECTOR	PHYS. L	1 /	/-/	0-00	6
22c. PHYSIC NAME (IAN'S TYPDR. L. BRIN	vgs, MD.			23d. ADDRESS 57 GREEN	E ST. C	UMBERLA	MD, M	ARYI	AND.	
230. BURIAL, CRE	MATION, 23b. DATE TH	IEREOF	23c. NAME OF CEMET	TERY OR CREE	MATORY	23d. LOCA	TION (City or To	wn)	(County)	1S	Stotel
REMOVAL (S		1,1966	Abe Ceme				Ridge				
24. FUNERAL DIR		12,00	AD DRESS	outy	2So. RFC	O BY REGISTRAR		EGISTRAR'S			-
	mes F. Scar	nalli		nd Ma		OV 2 3	1956	Jelia			
	· vcar	Frent 1	- mubel. Tai	in a Lid a	DAIL	ALMO	1000	1	TU	June	She.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physological completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after deoth. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land(2 with the State Department of Health or its designated agent, priar to burial, cremation, ar removal, and in any event within/72 hours after death. 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shaufd be used as a burial-transit permit. File pages 1 and/2

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward "pending"

P.M.3. Page in pencil in Item 18. Give Pages 1, 2, and 3 ta any delay is

MARYLAND STATE DEPARTMENT OF HEALTH -:Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 4938 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14941

	PLACE OF DEATH				a STATE	Vhere deceased lived, if institution: R b. COUNTY	/			
		Allegany		MARYLAND	West	Virginia	Mineral V			
	b. CITY OR TOWN (If outside corporate limit d give nearest town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town)					
	Cumb	erland		weeks	Wiley Ford P5 3					
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, g	ive street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
	Memoria	l Hospital					YES NO F			
	NAME OF DECEASED	F	irst	Middle	Last	4. DATE Manth	Day Year			
	(Type or print)	F	Ruth	Mary	Abe	DEATH INOV.	16 19 66			
S.	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	4 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	UNDER I YEAR IF UNDER 24 HRS.			
	Female	White	WIDOWED		April 29,1	094 72 yrs.				
100	00. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) HOUSEWIIE 10b. KIND OF BUSINESS OR INDUSTRY UNDUSTRY HOME				11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?			
dur	HOUSEWI	T.e. even it retired)	Ö	wn Home	St. Mar	y's Penna.	USA			
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME	-			
	Gerald Fletterman				Katheri	ine Volk				
15.	WAS DECEASED EVE	R IN U.S ARMED FORCES	16. 9	OCIAL SECURITY NO. 17.	INFORMANT	Address	Husband			
(Ye	no, ar unknown)	(If yes give war ar dates	of service)	M	. Harvey A	be., Wiley Ford	N.Va			
F	18. CAUSE OF D	EATH (Enter only one co	use per line far				INTERVAL BETWEEN			
	PART I. DEA	TH WAS CAUSED BY:		Pulmonary	Embolism		SUSET AND DEATH			
	17 10	IMMEDIATE CAUSE	E TO				1.0			
	Canditions, if any		(b)	Fracti	ire left leg	3	48 days			
	rise to immediat		E TO							
	storing the underlying cause (c)									
		19. WAS AUTOPSY								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G 200. EXTERNAL CAUSE WAS PRIMAR DISCO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G 200. EXTERNAL CAUSE WAS PRIMAR DISCO CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G							PERFORMED?			
FICA	20a. EXTERNAL CA	AUSE WAS	20b. DF	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I ar Part II of item 18.)	110 85 10			
CERT	PRIMAR MOLEOF CO CAUSE OF DEATH.	NTRIBUTING		Fell Down						
		URY Manth, Day, Year	20d IN		ACE OF INJURY (Hame, form	20f. (City ar tawn)	(County) (State)			
MEDICAL	TO Hour a	MXXXSept.			ctary, street, affice bldg., etc.)		lineral, W. Va.			
				noins described obove, h						
				. Accident XX. Sui						
	060111 16201	A HOIDII.	OI COOSES TO], Attiueili <u>A.A.,</u> 301	CHIEF MEDICAL		CI			
	ACTUAL SIGNATURE	Denedie	+ Mb	Tarelia)			-1966 22. DATE SIGNED			
	EXAMINER'S	BRILLES.	3010		DEPUTY MEDICA	CVANINED	01 2			
	NAME (Type)	Dr. Benedi	ict Ski	tarelic, M.D		, city, town, ar county)	Cumberland, Md.			
230	. BURIAL, CREMATI	ON, 23b, DATE TH		23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (State)			
	REMOVAL (Specific	Nov.1	9,1966	Abe Cemeter	·y	Near Ridgele	y,W.Va.			
24	. FUNERAL DIRECTO)R		ADDRESS	25a. REC'D	BY REGISTRAR 25b. REGISTR	RAR'S SIGNATURE			
	James F	. Scarpell	Li, Cum	berland. Ma.	DATE	10V 2 1 1966 PC	Charles Judge			

VR A15ME (5)

12 . Op.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

executed within 24 haurs after death.

pe

the death certificate

that

death. funeral 1 and pup iely filled in by the fune ban papers. Pages 1 a , within 72 hours after d completely fi emave in any 0 oud phys ar remaval, attending phys signed by the burial-transit p burial, cremati attending physician. as the ğ be detached for use State Dept. of Health Page 4 may be retained by the haspital ar certificate

TO FUNERAL DIRECTOR: After this director, page 3 shauld shauld be filed with the

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Allegany Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Cumberland d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Sacred Heart Hospital 416 Cumberland St. 3. NAME OF First Middle Lost 4. DATE Month DECEASED Margaret M. 11 Aman (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED W DIVORCED WIDOWED 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during mart of working ite, even if retired) INDUSTRY Allegany Co., Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John P. Aman Anna Brooks 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, ne, or unknown) (If yes give war or dates of service) 212-24-1259patient's chart 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gove rise to immediate couse (o), **DUE TO** stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 20o. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Hour o.m. factory, street, office bldg., etc.) Not While of work of work 1966, to_ 21. I certify that (1) (this haspital) attended the deceased fram. 11/24 19 66, and that death accurred at 250 M, from causes and an the date stated above. 23 saw the deceased alive an 22o. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION 23b. DATE THEREOF LOCATION (City or Town) RMOVAL (Specify) una

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

Allegany

Doy

YEAR

Doys

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER

Months

e. IS RESIDENCE ON A FARM?

YES NO TO

Year

19 66

IF UNDER 24 HRS.

Hours

USA

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

1966, that (1) (we) last

NO

(Stota)

(Stote)

YES

(County)

22b. DATE SLENED

(County)

25b. REGISTRAR'S SIGNATUR

Maril

250. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

		13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
91.455		Longiti A. Theresa
		E m/mm/m
1	magnetic than	fall or beat beat
	Harring Strate (Strate Strate	part on
		Fig. 1 1985

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages A and shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, onds yong event, within 72 hours after deat

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

21201

Division of STATISTICAL RESEARCH AND RECORDS, 301

Thems 9,23 Film G382

CERTIFICATE W. PRESTON STREET, BALTIMORE, MARYLAND OF DEATH 14940 14043

X	. PLACE OF DEATH o. COUNTY	ALLEGANY		- CTATE	I COUNT	n: Residence before admission)
	b. CITY OR TOWN write RURAL ar	(If autside carparate limits,	c. LENGTH OF STAY IN 16		e carparate limits, write RURA E ORLEANS	AL and give nearest tawn)
0	d. NAME OF HOSPI	TAL OR INSTITUTION (If not in MEMORIAL HO		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3	B. NAME OF DECEASED (Type or print)	First E D	WARD U	ASHKETTLE 4.	DATE Month OF	Day Year 1966
S	MALE	1,71 (6 70 10	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9 AGE (In years last pirthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
	Oa. USUAL OCCUPATIO Juring most of working	N (Give kind af wark done g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St		12. CITIZEN OF WHAT COUNTRY?S. A.
1	13. FATHER'S NAME	JAMES A	SHKETTLE	14. MOTHER'S MAIDEN NAM BETT	SIE CLAY	
NO	(Yes, no, orunknawn)	ER IN U.S. ARMED FORCES? (If yes give war ar dates of ser		INFORMANT IEMORIAL HOS	PITAL, CUME	SERLAND, MD.
	1B. CAUSE OF D PART I. DEA	NEATH (Enter only one couse p NTH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and (c).) CEREBROVASCULA	AR ACCIDENT		B ON ANS DEATH
	Conditions, if on rise to immedia stating the undelest.	y, which gove (b) te cause (a).	HYPERTENSIVE (& ARDIOVAS CUL	AR DISEASE	?
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)					
CEPTIEICATION		AS UNDERLYING GCAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED	. (Enter nature af injury in Port	I or Port II of item IB.)	
MEDICAL	20c. TIME OF IN.	URY Manth, Day, Year m. 19	While Nat While fa	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
		ify that (I) (h)% Xh)% (Xh) leceased alive an	(Kattended the deceased fram	19	55M, From causes a	19, that (I) (xxx) last and an the date stated abave.
	22a. SIGNATURE	puras o	Centry		D. STAFF PHYS.	22b. DATE SIGNED
1	22c. PHYSIČIAN' NAME (Type	DR. T	HOMAS LUSBY	932 NAT I	WY, CHAPER	AND, MD.
0	3a. BURIAL, CREMATI REMOVAL (Specif Burial		F 23c NAME OF CEMETERY OR St. Patrick	2		eans, Alleg., Md.
#	24, FUNERAL DIRECT		ADDRESS	2So. REC'D BY		CIRAR'S SIGNATURE

VILESTIA.

01679596

WILLIAM MATERIA

21 10144

4

n stabi

THEOLOGICAL PRODUCTION OF THE PRODUCTION OF THE

HYLERICALLY CAROLINATURED DISENCE

a Chi

15

-7/1

100

The same

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm

necessary, please execute the certificate, writing the ward "pending"

Health at its designated agent, prior to burial, cremation, ar remaval, and TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1494	1	MEDICAL EXAMINER'	S CERTIFICATE C	OF DEATH	14	944
1. PLACE OF DEA	TH			Where deceased lived, if institu		efore admission)
o. COUNTY	ALLEGANY	MARYLAND	o STATE MARYLANI	b. COI	EGANY	
b CITY OR TO	VN (If outside corporate lin			utside corporate limits, write RI	Co. Committee of Street	eorest town)
write RURA	L ond give nearest town) UMBERLAND	6:45 HOUR	C DIDAT	CUMBERLAND		11.1
		not in hospital, give street address)	d. STREET ADDRESS	CATIMIDIR STATIN	,	e. IS RESIDENCE
	4		Dm //o 15	TTTTIME DOAD		ON A FARM? YES NO
3. NAME OF	MORIAL HOSPI	First Middle	RT. #2 W	ILLTAMS ROAD 4. DATE Moi	nth	Doy Year
DECEASED	-		0001	OF		
(Type or print) S. SEX	6. COLOR OR RACE	ARLES RAYMOND 7. MARRIED NEVER MARRIED	BARGER 8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA	O 19 66 AR I IF UNDER 24 HRS.
				lost pirthdov)	Months Da	
MALE	WHITE	WIDOWED DIVORCED	FEB. 7, 191'			
	ATION (Give kind of work do king life, even if retired)	INDUSTRY	11. BIRTHPLACE (Stote		12. CITIZEN	N OF WHAT
LABORI	CR	ORCHARD	WEST V		COUNT U.S	.A.
13. FATHER'S NA	AE .		14. MOTHER'S MAIDEN	NAME		
ELMER	ELISWORTH B	ARGER	FLOD	A MAE GOLDIZEN	V.	
15. WAS DECEASE	DEVER IN U.S. ARMED FORCE	S? 16 SOCIAL SECURITY NO. 17	7. INFORMANT		fress	
(Yes, no, or unkno	wn) (If yes give wor or date		MEMORIAL HOS	PITAL CUMBERI	LAND. MA	RVIAND
	OF DEATH (Enter only one	cause per line for (o), (b), and (c).)	MEMORITAE MOS	TIME COMPANY	Janes I	INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	OHOOK				ONSET AND DEATH
51	IMMEDIATE CAU	UE TO				OMA III SA
Conditions, if	ony, which gove)	26 211 2 22 1	ros of both	locat		
rise to imme	diate couse (a),		Tes of no our	rago.		-
stating the c	inderlying couse	did itemorrinese				_
	7	(c)	O THE TERMINAL DISTANCE OF	NOTION CHIEN IN DARK IV		19. WAS AUTOPSY
S PARI II. OIH	EK SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	NUTTION GIVEN IN PART I(0)		PERFORMED?
200. EXTERN PRIMARY IN						YES NO
PRIMARY IN	AL CAUSE WAS OF CONTRIBUTING	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item 18.)		
CHOOL OF DIE	TH.	Pedestrian hit	by auto			
	INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, for		Pond County	(Stote)
Hou Roll	pm. Nov.19.	9 66 While Not While St	foctory, street, office bldg., etc	s East Cumber	Land Al	Locany W
		rge af the remains described above,	held an Autansy		parties and the same of the sa	and in my opinio
			vicide , Hamicide		-	and in my opinio
deoin n	Somed from Right	oldi couses , Accident X, 3	CHIEF MEDICAL		Ildiniei []	
ACTUAL	Bound	+16+	400000000000000000000000000000000000000	DICAL EXAMINER		22. DATE SIGNED
SIGNATURE		et Skitarelia	18. D.		EMBER 20	1966
EXAMINER'S NAME (Type)		CVTTAPETTO M D		it, city, town, or county) CUI		
230. BURIAL, CREA		SKITARELIC, M.D. THEREOF 230 NAME OF CEMETERY OF	The second secon	23d. LOCATION (City or I		unity) (Stote)
REMOVAL (Sp	perity)				,	**
BURTAT.		23,1966 MT. PLEASAN	T CEMETERY	NEAR CUMBER	REGISTRAR'S SIGNA	ATILDE
24 FUNERAL DIR	J-ON SIK CO	المار المار				
TOHN T.	HARR 230 F	Ave Cumberlan	d Md DATE N	OV 2 2 1956	Lucielle	y Judge

Cumberland. Md.

VR A15ME (5)

5 may be retained for your files.



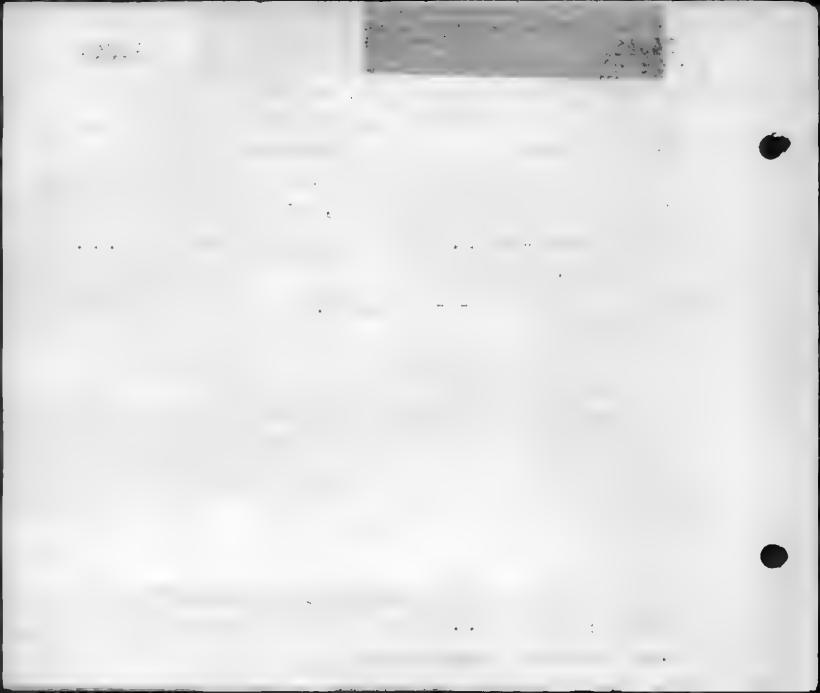
funeral should the T and papers. complete 22 and law requires that the death certificate physician signed by the burial-transit 힏 peupe Affer ECTOR: A death. Page for FUNERAL director, page. be filed with th VR A15 (4)

CERTIFICATE OF DEATH 1. PLACE OF BEATH e. COUNTY Allegany MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cumberland Years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress d. STREET ADDRESS 85h McMullen Highway 854 McMullen Highway 3. NAME OF 4. DATE Middle DECEASED OF (Type or print) DEATH Vada Pearl Barncord 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female June 5, 1901 White WIDOWED | DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Retired Stenographer-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John F. Drumm 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [lifyesgivewar or dates of service] George H. Barncord 18. CAUSE OF DEATH [Enter only one cause per June for (a), (b), end PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Int DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying ceuse lest. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or fown) tectory, street, office bldg., etc.) While Not While Hour e.m. et work at work p.m certify that (I) (this hospital) attended the deceased from saw the deceased alive on., 22a. SIGNATURE ATTENDING K DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL (Specify) Burial S.S. Peter & Paul Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7/61 H.Lee Silcox Cumberland Maryland 21502

OF STATISTICAL RESEARCE

RYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO $1 l_1$ 19 66 November AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 65 yrs. Months Hours 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Allegany County Maryland U.S.A. Priscilla Knippenberg Addres85L McMullen Hwy Cumberland, Md INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO (State) (County) 22b. DATE Cumberland Allegany Maryland 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNA Charles



VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH

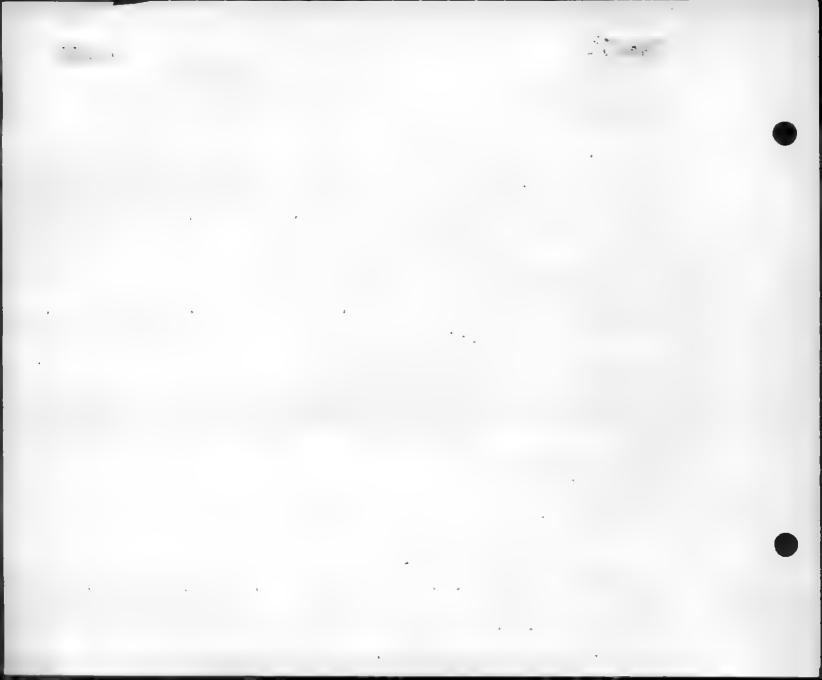
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14943

CERTIFICATE OF DEATH

14946

_						
	PLACE OF DEATH				Where deceased lived, if institut a	
(a. COUNTY	ALLEGANY	MARYLAND	a. STATE M.	ARYLAND b. COUN	ALLEGANY
ŀ		f outside corparate limits,	c LENGTH OF STAY IN 16		utside carparate limits, write RUR	
		give nearest town)	LIFE	,	ROSTBURG	and .
-	. NAME OF HOSPIT	AL OR INSTITUTION (If not in haspit	al, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	217 W.	MAIN STREET		2	17 W. MAIN STRE	
	NAME OF	First	Middle	Last	4. DATE Manth	Day Year
(Type or print)	LILLIE	BIDDI	NGTON	DEATH NOVEMBE	
	SEX	6. COLOR OR RACE 7 MARR	IED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years	Manths Days Haurs Min.
F)	EMALE	WHITE WIDOW	ED 🔀 DIVORCED 🔲	MAY 10, 188	last birthday) 81 yrs.	
			KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12 CITIZEN OF WHAT COUNTRY?
Li 17	ng most af working HOUSE	WORK	WN HOME	MARYLAI	ND	U.S.A.
	FATHER'S NAME			14. MOTHER'S MAJDEN	NAME	
	ROSS	STREETS		AMY ALEX	ANDER	
		R IN U.S. ARMED FORCES? (If yes give war ar dates af service)		INFORMANT	Addres	
(16	s, no, or unknown;	(ii Aez dina mar ai noiez di zeraire)	NONE	. L. BIDDING	GTON, RT. 2, FF	OSTBURG, MD.
П	18. CAUSE OF DE	ATH (Enter anly ane cause per line	for (o), (b), and (s))		0	INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (a)	exebral	Tiomo	mhage	Sonse and Death
1	3	X DUE TO	7/ //	1		1/00-
	Conditions, if any		ty sorteno	eron,	U	13/131
l	rise to immediate		1//- 01	-+1/	41.	1.19.5
1	last) (c) <u>(</u>	Ullrer Veli	erolle M	and allees	1/3/903
١	PART II OTHER SI	GNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 MAS AUTOPSY PERFORMED?
=			Somilets			YES NO V
CERTIFICATION	20a ACCIDENT WAS	SUNDERLYING CAUSE OF DEATH 205	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item 18.)	•
9		MEDICAL EXAMINER)	,			
MEDICAL	20c. TIME OF INJU	int intolling way, two		CE OF INJURY (Hame, fam tary, street, office bldg., etc.		(County) (Stote)
3E	p.r		fhile Not White G	rary, sireer, onice orag., etc.	,	
	21. 1 certi	fy that (I) (this hospi tal) at	tended the deceased fram_			7, 19 <u>.66</u> , that (I) (we) las
	saw the d	eceased alive an	-23 19 <u>66</u> , and the	it death accurred at	XII M, fram causes of	and an the date stated above
	22a. SIGNATURE	240 0	10	ATTENDING .	MED STAFF	22b DATE SIGNED
		X, C, W	rell M.	D. PHYS. 🔀	DIRECTOR L. PHYS.	11/28/12
	22c. PHYSICIAN'S NAME (Type		M D	22d. ADDRESS	MATN OR TOO	Office An
					MAIN ST., FRS	
3a	BURIAL, CREMATIC	ON, 236 DATE THEREOF	23c NAME OF CEMETERY OR		23d. LOCATION (City or Tay	
_	REMOVAL (Specify BURIAL)		66 FINZEL CEM		FINZEL, M	
	. FUNERAL DIRECTO		ADDRESS			GISTRAR'S SIGNATURE
6	JUSEPH R.	DURST, SR., FR	OSTBURG. MD.	DATE	10V 3 0 1966	Minela Jusa



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

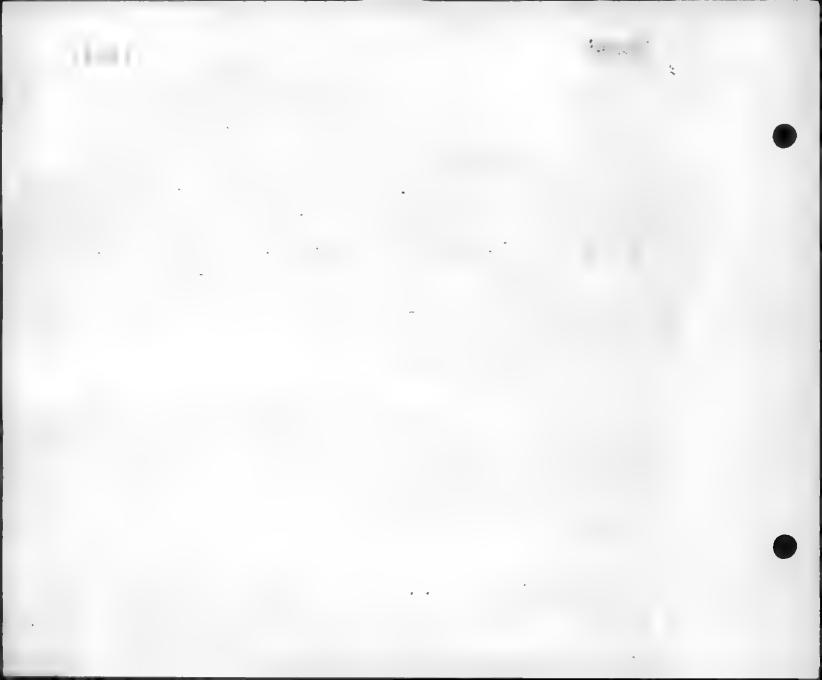
14944

CERTIFICATE OF DEATH

14045

~ ~ ~ ~ ~ ~		.		1434
1. PLACE OF DEATH				an: Residence befare admission)
a. COUNTY ALLEGANY	MARYLAND	o. STATE MARYTAND	b. COUN	ATTEGANY
b. CITY OR TOWN (If autside carporate limits,	c. LENGTH OF STAY IN 1b		e carparate limits, write RUR	
write RURAL and give nearest tawn)	10 Weeks			, ,
CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	D,	I A IS DESIDENCE
d, NAME OF HOSPITAL OR INSTITUTION (IT HOT IN	naspital, give street address)			e. IS RESIDENCE ON A FARM?
SACRED HEART HOSPI		1035 MYRT		YES NO
3. NAME OF First	Middle	Last 4	DATE Mant	h Day Year
(Type or print) CLARK	F BT	PTINGER	DEATH NO VIEW	BER 25 19 66
S. SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED	DATE OF BIRTH	9. AGE (In years Last birthday)	Months Days Hours Min
MALE WHITE "	VIDOWED DIVORCED	5-30-93	7 3 birthday)	Medias Dels Hills
10n USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	ate, ar fareign country)	12 CITIZEN OF WHAT
during most of working life, even if retired Car	industry npenter	GARRETT, MA	RYTAND	COUNTRY?
13. FATHER S NAME		14. MOTHER'S MAIDEN NAM		1 0012
BENJAMIN BITTINGER		CATHER	INE MARMON	
IC WAS DECEASED EVED IN ITS ADMED EDDOESS	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addre	25
(Yes, na, ar unknawn) (If yes give war ar dates of sen	214-05-7620		* 1 mg/r 4	
		WIFE		SAME
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.		(INTERVAL BETWEEN 7 ONSET AND DEATH
IMMEDIATE CAUSE (a)	cutewnlur	ho		Lellar
t DUE TO				
Canditians, if any, which gave (b)				
stating the underlying cause DUE TO				
last. (c) _				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
& hannest	-t-			YES NO
三 20a ACCIDENT, WAS UNDERLYING 🗆	205. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part	I ar Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Day, Year Haur a.m.	20d. INJURY OCCURRED 20e, PLAC	E OF INJURY (Hame, farm,	20f. (City or tawn)	(Caunty) (State)
Haur a.m.	While Not While fact	ary, street, office bldg , etc.)	\ ```	, ,
p.m.	at work LJ at work LJ	/" (// 10	(1 ha (1 2)	- 10// 4b=4 (1) (1110) l=st
21. I certify that (I) (this haspita	19 66, and tha	edoath accurred at	H from course	, 1967, that (1) (we) last and an the date stated above.
saw the deceased alive on/	17 <u>00</u> , did illd	roeani accorrea ar		22b. DATE SIGNED
ZZO. SIGNATURE	16.	ATTENDING ME	D. STAFF	1 11-27-66
h Chr	18mg MI	PHYS. LST DII	RECTOR L PHYS. L	11 0100
22c PHYSICIAN'S NAME (Type) Lewis Br	rings M D		Street Cambo	wland Masseland
DewT2 DI				rland Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREO			23d. LOCATION (City or Tox	
REMOVAL (Specify) 11/28/1				Allegany Maryland
24 FUNERAL DIRECTOR	ADDRESS	2So. REC'D B'	NOV 2 9 1 1968	GISTRARS MENATURE OF Judge
H. Lee Silcox Cum	berland Maryland 21	.502 DATE	1404 50 1000	(1)

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dematricentificate by exacuted within 24 hours ofter leading Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14945

Only

removal

5pd C

P.M3. Page delay is

This certificate should be executed within

O DEPUTY

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b COUNTY Allegany a. SMaryland a. COUNTY Allegany b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)

Midland c LENGTH OF STAY IN 16 c CIY OR TOWN (If outside carparate in its write RURAL and give nearest town) Midland d NAME OF HOSPITAL OR NSTITUTION (If not in haspital give street address) d STREET ADDRESS YES NO A Paradise Street Paradise Street Midd e 3 NAME OF 4 DATE Manth DECEASED 11/12/1966 BLAIR ROBERT DEATH (Type or print) 9. AGE (In years IF LINDER I YEAR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED 7 MARRIED as Granday) Manths Days 9/17/1897 DIVORCED White Male 11 BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT Ob. KIND OF BUSINESS OR during most of working life, even if retired)

Police Officer Elk Garden, Wva. 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME Jennie Stewart John Blair 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address Midland, MD. Mary Blair WIFE NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per ine for (a) (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CORONARY OCCLUSION DUE TO Canditians if any, which gave CORONARY SCLEROSIS rise to immediate cause (a), DUE TO stating the underlying cause 9 WAS AUTOPS PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) NO X 20g. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bidg., etc.) at work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry 17, ond in my opinion Accident . Suicide . Homicide Undetermined manner death resulted fram Natural causes CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Y **EXAMINER'S** 11/12/1966 Benedict Skitarelic Cumberlanders (SMD gity, town or county) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) 23o. BURIA, CREMATION. REMOVAL (Specify) 11/15/1966 Memorial Park Frostburg, MD. 25b. REGITERDS SIGNATURE Judge

Lonaconing. MD.

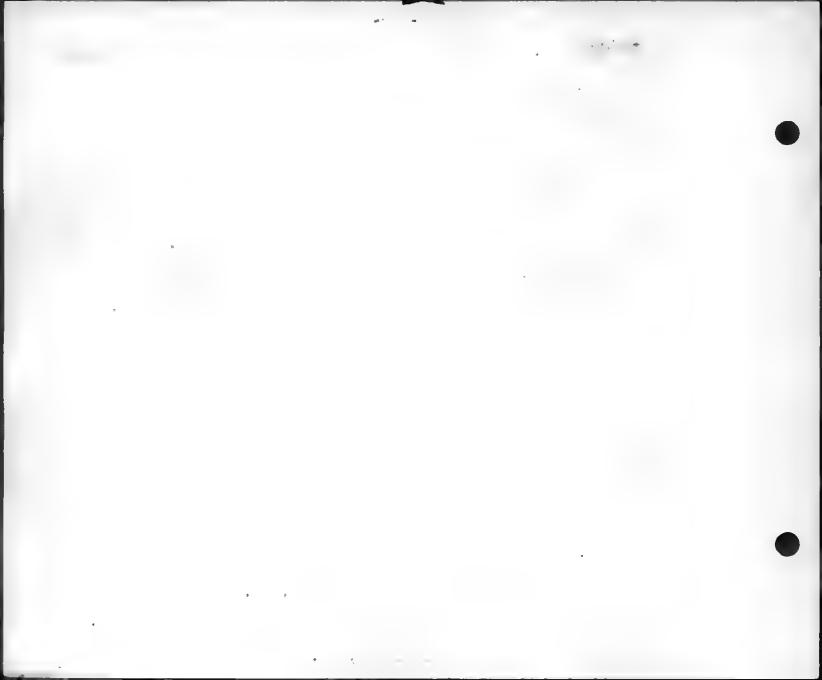
2So REC'D BY REGISTRAR

NOV 15

VR A15ME (5)

24 FUNERAL DIRECTOR

GEORGE EICHHORN



hours after death,

Met F

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2 4 44 A 44

14946	CERTIFICATE OF DEATH
DI ACE OF DEATH	2 HOUSE DECIDENCE (When decreed

1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENC 8. STATE	E (Where deceased lived, If Institution: b. COUNTY	Residence before admission)
	ālls conv	MARYLAND	Marri	rland Al	legany
	b. CITY OR TOWN (.f outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 10		outside corporate limits, write RURA	
	Cumbanland	68yrs.	Cumberland		,
_	d. NAME OF HOS PITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	407 Valley St.		407 Falls	y St.	YES NO
3.	NAME OF First	Middle	Last	4. DATE Month	Day Year
	(Type or print) Lula	May	Blonskey	DEATH November	6 1966
5.	SEX 6. COLOR OR RACE 7. MARRII	D NEVER MARRIED 1	B. DATE OF BIRTH	9. AGE (In years IFUNDE Months	R 1 YEAR IF UNDER 24 HRS
-	'emale White wipowi	D DIVORCED		898 <u>68 yrs. </u>	Days Hours Min.
10a dur	USUAL OCCUPATI IN (Give kind of work done lob ing most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	(CITIZEN OF WHAT
	School Principle	Education	Aliceany	Waryland	U. S.
13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
	Jahn Blonskey		Bert		
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	No	r	Ruth Blonske	v 407 Valley	94
_	18. CAUSE OF DEATH [Enter only one cause pe		THE BIDISKE	40 104	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	there sel	eralic	C.U.D.	ONSET AND DEATH
	DUE TO				0 11
	Conditions, if any, which) (b)				Mug. 64
	gave rise to immediate { cause (a), stating the } DUE TO				
	underlying cause last. (c)				
NO.	PART H. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUTNOTRELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO Z
E	20a. ACCIDENT WAS UNDERLYING [7] 20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	injury in Part I or Part II of Item 1	8.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		INJURY OCCURRED 120e. PLA	CE OF INJURY (Home, fa	rm. 20f. (City or town) (Ci	ounty) (State)
MEDICAL	Hour a.m. Whi	facto	ry, street, office bldg., et		ounty) (State)
띭	p.m. 19 at w		a .a	1.	
	21. I certify that (i) (this hospital) atte	ded the deceased from	5-18-19	164 to 11-6-, 194	that (1) (we)-last
	saw the deceased alive on // /	2 19 600 and that	death occurred at	124M, from the causes and on	the date stated above
	22a. SIGNATURE	1 .			DATE SIGNED
	/ Vite & Nile	leans M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	-1-66
	22c. PHYSICIAN'S NAME (Type)	Sisteria	22d. ADDRESS	Partie At Punt	received MAN

VR A15 (4)

BURIAL, CREMATION,

FUNERAL DIRECTOR

23b.

23a.

24.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then bease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove trans in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

15M 4-64

23c.

DATE THEREOF

ADDRESS

NAME OF CEMETERY OR CREMATORY

REC'D BY REGISTRAR 25b.

LOCATION (City, town

REGISTRAR'S SIGNATURE

or county)

23d.

Marle

(State)

Ţ

.

n, d

	Division of STATISTICAL	KESEAKCH AND KECUKUS, 30	I W. PRESIUM SIKE	EI, BALIIMUKE, MAKTLANI	7 21201				
14947		CERTIFICATE	OF DEATH	149	50				
. PLACE OF DEATH				/here deceased lived, if institution R	Residence before admission)				
o. COUNTY	ALLEGANY	MARYLAND	O. STATE MARYL	AND 6 COUNTY	4 1				
b. CITY OR TOWN (I	fouts de corporate mits.	c LENGTH OF STAY IN 1b		rside corporate amits, write RURAL o	nd give neorest town)				
write RURAL and	give neorest town)	16 DAYS	HANCO	' I I I I I I I I I I I I I I I I I I I	21.1				
	BERLAND AL OR INSTITUTION (IF not in h		d STREET ADDRESS		e IS RESIDENCE				
	,		ŀ	CIDCLE	ON A FARM?				
MEMOR.	IAL HOSPITAL	Midale	I GROVE	CIRCLE 4 DATE Month	Doy Year				
DECEASED	· · · ·		_	OF NONETHAL					
(Type or pant)	CHARLE		BOWERS 8. DATE OF BIRTH		UNDER 1 YEAR				
) SEX				last bethenv) Mo	inths Days Hours Min				
MALE	7711172	DOWED DIVORCED	12-7-191		12 CITIZEN OF WHAT				
IOo. USUAL OCCUPATION Furing most of working I	(Give kind of work done life, even if refired)	10b KIND OF BUSINESS OR INDUSTRY		& State or foreign country)	COUNTRY 2				
	.,,	SPORT, MD.	U. S. A.						
I3. FATHER S NAME		*	14. MOTHER'S MAIDEN N						
WILBU	R C. BOWERS		AGNES HORNBRAKER						
15 WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Address					
NO	fir les diée arts es traies or sei a	16. SOCIAL SECURITY NO. 17 (ce) 212.10.8484 M	EMORIAL HO	OSPITAL, CUMBI	ERLAND, MD				
1B CAUSE OF DE	ATH (Enter only one couse per				INTERVAL BETWEEN				
PART I DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (a)	Unemia			ONSET AND DEATH				
260>									
Conditions, if ony,		Chronic K	enal Disea	si					
rise to immediate	e couse (a), (
lost.	(c)	Diabetes	Wellitus						
PART II OTHER SIG		BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY				
		0 1:1 0	NA - I	/	PERFORMED? YES NO TO				
200 ACCIDENT WAS	HLONE MUC	20b. DESCRIBE HOW INJURY OCCURRED.		Port Lor Port II of item 18.1	, 1 LA				
OR CONTRIBUTING	☐ CAUSE OF DEATH	200. BESCRIBE HOW HOOK FOCURES.	freior notate of injury in						
	MEDICAL EXAMINER) PRY Month, Doy, Year	20d INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	20f. (City or town)	(County) (Stote)				
Hour o.n	n.	While - Not While - foct	tory, street, office bldg., etc.)		(******)				
p.n		of work L at work L	1677 1	0 40 11 18	10 (/ shat () () In:				
) ottended the deceased from	t death occurred at	5:10 Mrom squees and	ر, 19 الم that (I) (we) la: I on the date stoted obovi				
saw the de	eceased alive on	7-77 1966, Ollu Illu	i death ottoffed di-	m, nom taoses and	22b. DATE SIGNED				
220. SIGNATURE		21	D. PHYS.	MED. STAFF	11-18-66				
22c. PHYSICIAN'S	W illen	- Planer M.	D. PHYS. EST	DIRECTOR L. PHYS. L.	11-18-60				
NAME (Type)		IAMES		N. CENTRE ST.					
					(Country) (Country)				
 BURIAL, CREMATIC REMOVAL (Specify 	\ ' \		CKEMATURY	23d LOCATION (City or Town)	(County) (Stole) D				
REMOVA (Specify	11.21.6	6 GREEN LAWN		WILLIAMSPOR	T WASHINGTON				

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit—Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion of semoval, and in any event, within 72 hours after death) VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR

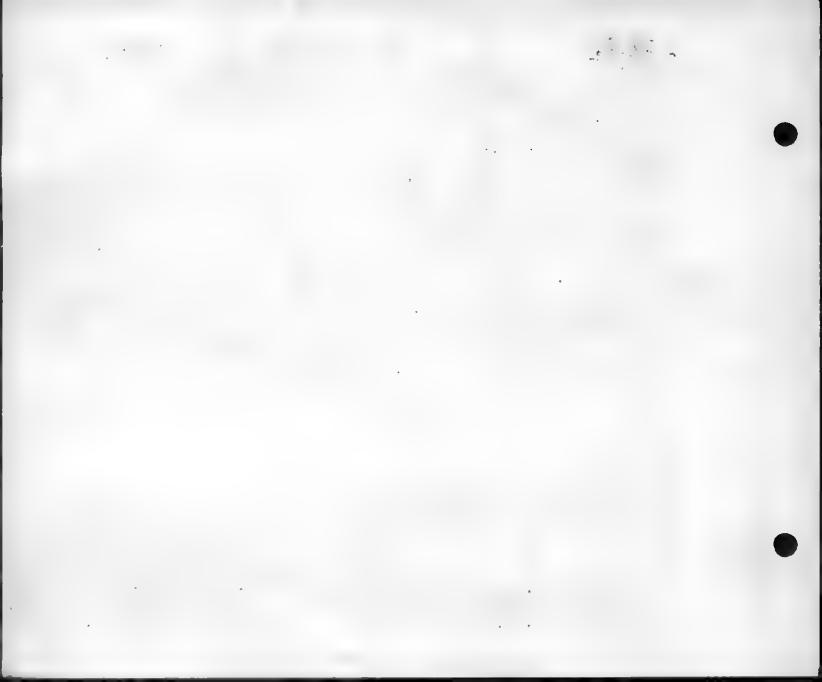
TO HOSPITAL OR ATTENDING PHYSICIAN: The law maying that the Beath certificate be executed within 24 hours after Bright

Poge 4 may be retained by the hospital or attending physician.

AD DRESS

2So. REC'D BY REGISTRAR

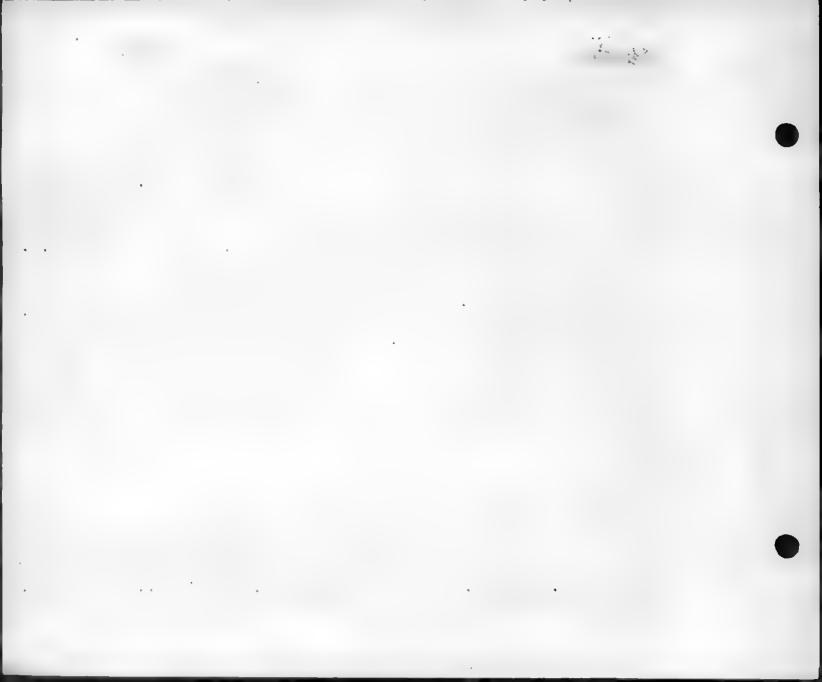
25b. REGISTRAR'S SIGNATURE



		14948	2		CERTI	FICATE	OF DE	ATH		149	51		
	1.	PLACE OF DEATH COUNTY ALL	EGANY		MAI	RYLAND	g. STATE	MARY		lived, if institut b. COUI	JTV .	e befare adm LEGAI	,
	Ī	b. CITY OR TOWN (I write RURAL and CUN	autside carparate limits, aue nearest town) (BERLAND		c. LENGTH OF STAY 40 DA		c CITY OR T		ERLAN	limits, write RUI D	RAL and give	neorest town) /
į.			ALOR INSTITUTION (If not MORIAL HOS		e street address)		d. STREET ADDRESS 205 GRAND AVENUE					ESIDENCE A FARM? NO X	
		NAME OF DECEASED (Type or print)	First	RLES	Middle C_		BOW!	MAN	4 DATE OF DEATH	Mant NOV		Day 2 1	Year 19 66
	5	MALE	6 COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRI		6 - 1 1 ·	RTH - 1907	9 A	GE (In years ast birthday) 59 yrs.	Months	Days Hou	rs Min.
	10a duri	USUAL OCCUPATION	(Give kind of work dane life, even if retired)		OF BUSINESS OR	ina C		, ,	State, or foreig			IZEN OF WHAT INTRY?	U.S.A
	13.	FATHER'S NAME JAMES	BOWMAN					S MAIDEN NA	WOLFO	RD			
	15 (Ye	WAS DECEASED EVE is, no, or unknown)	R IN J S ARMED FORCES? (If yes give war ar dates of	16 SO 5erv:ce) コ14	CIAL SECURITY NO.		NFORMANT EMORIA	AL HO	SPITA	Addre L C U		AND,	MD.
		18 CAUSE OF DE PART I. DEAT	ATH (Enter only one couse H WAS CAUSED BY IMMEDIATE CAUSE (o	17), (b), and (c))		o Re	etien	- 1	with		INTERVAL ONSET AN	
	(conditions, if any, which gave) (b) Glunalized pelvic a							and			79	gan	
		stating the under	lying cause (c	1_abr	lonun	al	met	asta	sis	,		lia wa	NA COST
1	CATON		GNIFICANT CONDITIONS COL									19 WAS A PERFO YES	UTOPSY RMED? NO
	A CERTIFICAT	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY								
	MEDICAL	Haur e n p.n	1. 19	While at wark	Not While at work	focto	E OF INJURY (pry, street, affic	e bidg , etc }		ity or tawn)	(Cau		(State)
		saw the de	y that (I) (this hasp eceased alive an N		d the deceased	d fram <u>. C</u> and that	death acc	urred 81	04P M, I	ram causes	and an th	ie date sta) (we) las ted abave
		22a. SIGNATURE	Vylany	Faces	Jav	M.C	ATTENDIN- PHYS.	الكارا	MED. DIRECTOR	STAFF PHYS.		TE SIGNED	, 1966
1	700	NAME (Type)			23c. NAME OF CEN	METERY OR A	12			RE ST.			
Q		BURIAL, CREMATIC REMOVAL (Specify)	Mov. 25		Davis M				1	mberlo	rd, Ma		(Stote)
D	24	. FUNERAL DIRECTO	'Schronelia	, Cumb	crl v.c.,	Md.		DATE DE		1936	GISTRAR'S SI	les Ju	age.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending beysician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. They please remave carban papers. Pages-Land 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. and to any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. of Health or its designated agent, prior to burlal, cremation, or removal, MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14949	MEDICAL	EXAMINER'S	CERTIFICAL	E OF DE	AIR 4	202			
1.	PLACE OF DEATH			2. USUAL RESIDE	ICE (Where deceased	lived, if institution:	Residence before a	idm(ss)en)		
	a. COUNTY Alle	gany	MARYLAND	a. STATE Mo	vryland	b. COUNTY	Allegany			
	b. CITY OR TOWN (If outside write RURAL and give ne	corporate limits,	C. LENGTH OF STAY IN 15	c. CITY OR TOWN (if outside corpora	te limits, write RURA	L and give near	est town)		
	Cumberland,		8 hrs.	Cumber	rland,		61	1		
	d. NAME OF HOSPITAL OR IN	STITUTION (If not in he	ospital, give street address)	d. STREET AOORES	S		e. IS RE	SIDENCE FARM?		
	Hemorial Hos	p.		309 Pc	olk St.		YES 🗌	NO X		
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Oay Yı	ear		
	(Type or print)	Hugh	Pershing	Boyer	OF DEATH	November	21, 19	66		
5.	SEX 6. COLOR C	R RACE 7. MARRIEO	NEVER MARRIED	8. OATE OF BIRTH	9. AG	E (In years IF UNDE	R 1 YEAR JIF UND			
- t	lale Whit	e WIOOWED		Nov. 13. 19	19 17	t birthday) Months	Days Hours	Mln.		
102	USUAL OCCUPATION (Give kin	d of work done 10b, Kr		1 11. BIRTHPLACE		ountry) 12.	CITIZEN OF WHA	T		
dur	ring most of working life, even	i If retired) IN	IDUSTRY				COUNTRYZ			
12	Trackman FATHER'S NAME	B.	8 O. Rwy.	Kitzmille		nd	U. S. A.	•		
1.0										
	Harmon H. Boi			Sarah Sho	be					
15 (Y	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, mg, or unhown) (19 yes give warp, dates of service) Yes, mg, or unhown) (19 yes give warp, dates of service) Alta Rubu I Boulett 309 Polls St. Cumb. Md.									
	Ves, W. W.	# 2	Mr	s. Ruby L.	Boyer 309	Polk St.	Cumb. Mo	d		
	18. CAUSE OF DEATH [Ente	r only one cause per li	ne for (a), (b), and (c).]			-	INTERVAL 8			
	PART I. OEATH WAS CA	USEO BY: 7	Intracranial H	emorrhage			8 HOW	L.		
	1	DUE TO								
	Conditions, if any, which) (b)	Rupture of Co		eurysm at	-	8 How	7.5		
	gave rise to immediate	OUE TO	Circle of	Willis						
	cause (a), stating the underlying cause last.		0							
Z	PART II. OTHER SIGNIFICANT	(c)	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONOITI	ON GIVEN IN PART 1(8		UTOPSY		
E			4044				YES X	RMEO?		
15	20a. EXTERNAL CAUSE WAS	S 1 20b. 0	DESCRIBE HOW INJURY OCC	IIDDEA (Enter n. burn	of Injury in Dart 1	or Part II of Item 1		140		
MEDICAL CERTIFICATION	PRIMARY OF CONTRIBUTI	NG □ 200.	SESCRIBE NOW INJURY OCC	ORREO. (Enter maters	or migry in role i	OF FOIL OF ILOUR A				
12		F	WHEN CONTRACT TO A	OF OF HUNDY Home	farm, 20f. (City	(A. \$0.00)	ounty)	(State)		
2	20c. TIME OF INJURY Mor Hour a.m.	oth, Day, Year 200. If	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, ory, street, office bidg.,	etc.)	or town) (C	ounty)	(State)		
ME	p.m.	19 at work	at work							
	21. I certify that I too	k charge of the rem	ains described above, he	eld an Autopsy 💢,	Inspection [🔀, Inquiry 🔀	, and In my	opiniar		
	death resulted from:	Natural causes	/ Accident [], Su	ricide 🔲, Homic	cide 🔲, Uno	letermined manne	r 🔲			
	0	7		CHIEF MEOIC	AL EXAMINER		11/22/6 22. DATE	6		
1	ACTUAL SIGNATURE SIGNATURE	dict XX	Marelie	M.O. ASSISTANT M	EDICAL EXAMINER	Rt. #	22. DATE	SIGNED		
				OEPUTY MEO	ICAL EXAMINER	XI 1000 "	rland. N	d		
	examiner's Bened	dict Skitare	elic, H. D.	Address (Stre	et, city, town, or	county)				
23		. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY		ION (City, town or c		State)		
	REMOVAL (Specify) Burial 1	1/25/66	Hillcrest Bu	urial Park		rland, All		Md.		
24	. FUNERAL DIRECTOR		ADDRESS	1 7897 19	2 5 1966	R 255. REGISTRA	R'S SIGNATURE			
	H. Wayne Geor	ge Cumberl	and, Maryland	DATE	~ U 1300	france	y Juage			

VR A15ME (5) 5M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14953

	PLACE OF DEATH O COUNTY Allegany MARYLAND					2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) o STATE Maryland b COUNTY Allegany					
	t	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b			lN lb	c CITY OR TOWN (If outside corparate limits, write RURA, and give nearest town)					
		Lonaconing			Lonaconing						
	0	Kyle Nurseing Home					d. STREET ADDRESS			8 IS RESIDENCE ON A FARM?	
							Hanekamp Street YES NO X				
		NAME OF DECEASED	First		Middle			DATE Month		Day Year	
	((Type or print) BLLA			BRAZNELL	DEATH III/ CA					
	-	Female 6 COLOR OR RACE 7. MARRIED NEVER MARRIED					9/27/1885	9 AGE (In years birthday) yrs.		Days Hours Min.	
		USUAL OCCUPATION (I	G ve kind of work done e, even if retired)		ND OF BUSINESS OR DUSTRY		1).BIRTHPLACE (County & S Lonaconi		12 (1)	ZEN OF WHAT	
	13	FATHER'S NAME					14. MOTHER'S MAIDEN NAME				
		Alb	ert Holde	er			Mary An	n Bowden			
	15.	WAS DECEASED EVER	N U.S ARMED FORCES?	16. 5	SOCIAL SECURITY NO		NFORMANT	Addre		7.00	
	(183	No	f yes give wor or dates of s	Soletto	None		aura Hanek			g, MD.	
	T	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY				6 3 =	(Neice	37	INTERVAL BETWEEN ONSET AND DEATH		
Ĩ		PART I. DEATH WAS LAUSED BY: IMMEDIATE CAUSE (0) My Cendral Status Control									
		Cardinana is annumbian annu					J.				
		Conditions, if any, which gave rise to immediate cause (a),					eros (s			years	
		DUE TO							7		
	ŀ	lost. Yes Ye							19. WAS AUTOPSY		
	20 20	PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALED TO				THE TERMINAL DISEASE CONDI	IION GIVEN IN PART 1(0)		PERFORMED?		
	2	200 ACCIDENT WAS LINDED YING TO 200 DESCRIPE HOW INVIRY OCCUPANT (Enter In					(Enter nature of union in Par	t Lot Part II of item 18.)		YES NO	
	CERTIFICATION	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) COR CONTRIBUTING CAUSE OF DEATH COR CONTRIBUTING CAUSE OF DEATH COR CONTRIBUTING CAUSE OF DEATH									
	MEDICAL	[IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While at work of twork of two							nty) (Stote)		
	E I								,		
		21 certify	that (I) (this hasp			fram	19	60, to Verica	2 19 (f that (1) (we) le	
			eased alive an	Men.	10 1966	and tha	t death accurred at_			e date stated abar	
		220 SIGNATURE	22g SIGNATURE 22b. DATE SIGNED								
	- [D. ATTENDING DIRECTOR DIRECTOR DIVINED DIRECTOR DIVINED DIVINE									
		22c. PHYSICIAN'S NAME (Type) LR MILES JA MD 22d. ADDRESS LONGEON ING						/	h - D		
			~!`\		017	V				TALO	
	23a.	 BURIAL, CREMATION REMOVAL (Specify) 			23c. NAME OF CEN			23d LOCATION (City or To	***	Caunty) (State)	
	24	REMOVAL (Specify)	11/25	<u>/1966</u>	ADDRESS	rarar (emetery	Lonaconii Y REGISTRAR 2Sb, RE	GISTRAR'S SH		
	24.	. FUNERAL DIRECTOR	EETCHHORI	RT	Lonaconi		I MAW 9	5 1966	ione	Judge	
5		LICALIMATI	A PALLABOLION	4.30	LOUISING CONT.	I I I I J	INITED DATE: "			// //	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4)

ę

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201

1)		14951		CERTII	FICATE OF	DEATH		1495	1
		PLACE OF DEATH a. COUNTY AL	LEGANY	MAR	YLAND	STATE MAR		b. COUNTY ALL	LEGANY
		CUMBER	f autside corporate limits, g.ve negrest town) LAND	4 HRS. 2	25 M N.	CUM	iside corporate limits, w BERLAND	rite RURAL ond give	
, ^		MEMORI	AL OR INSTITUTION (IF not AL HOSPIT	in hospital, give street address)	d. STI	REET ADDRESS 424	N. MECH	ANIC ST.	e. IS RESIDENCE ON A FARM? YES NO A
		NAME OF DECEASED (Type or print)	Firs RA	Y WILLIAN		OME		Month NOV.	Day Year 14, 19 66
)		MALE	6. COLOR OR RACE WHITE	7. MARRIED NEVER MARRIE WIDOWED DIVORCE	0 1-2	OF BIRTH 5-1897	9 AGE (In least built	day) Manths	Days Hours Min.
	duri	ing most of warking MACHINI	(Give kind of work done lite, even if retired) ST	106 KIND OF BUSINESS OR INDUSTRY RATL/ROAD	Р	EDMONT	State, ar fareign countr	y) 12, CIT	JATES A.
	13.	IS FATHER'S NAME WILLIAM BROOME 14. MOTHER'S MAIDEN NAME SUSAN DAVIS							
			R IN U.S. ARMED FORCES? (If yes give war or dotes of WW 1	service) UNKNOWN	MEMO		OSPITAL-	Address CUMBERL	AND, MD.
			ATH (Enter only one couse H WAS CAUSED BY. IMMEDIATE CAUSE (c	e per line for (a), (b), and (c).)	lemman	Odene			INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove (b) Quite any occurred in functions							5 his
		stating the under	lying couse DUE 1	(c) Yeneral	el a	duosel	him		
0	CATION	PART II OTHER SIG	SNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERA	IINAL DISEASE CON	DITION GIVEN IN PART	¹ (a)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY O	OCCURRED. (Enter no	iture of injury in F	Port I or Part II of item	1B.)	
	MEDICAL	Hour o.n	n. 19	While Not While at work	factary, stre	BURY (Home, form et, office bldg., etc.)			unity) (Stote)
		21. I certify that (I) (this hospital) attended the deceased from 1962, 1905 to Many 1966, that (I) (we) last saw the deceased olive an 1/-14 1966, and that death accurred at M, from causes and on the date stated above.							
		22o. SIGNATURE	Willen	Plane	M.D. PH	YS. LXCL	MED. STAI	F m	ATE SIGNED,
1		22c. PHYSICIAN'S NAME (Type)	DIA WILL	IAM P. IAMES	1		CENTRE ST	- /	BERLAND, MD.
	B	I. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	NOV. 1	6. 1966 QUEENS 1	POINT CEN	ŒTERY	23d. LOCATION (CI	R, W. V.	
	24	BYRO	N KIGHT	CUMBERLAI	ND, MD.	2Sq. REC'D		25b. REGISTRAR'S SI	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law pures that the Jeath certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplellely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please (enacted chaon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any evect, within 72 hours after death

VR A15 (4) 20 M 1/66

1	4	9	5	2
---	---	---	---	---

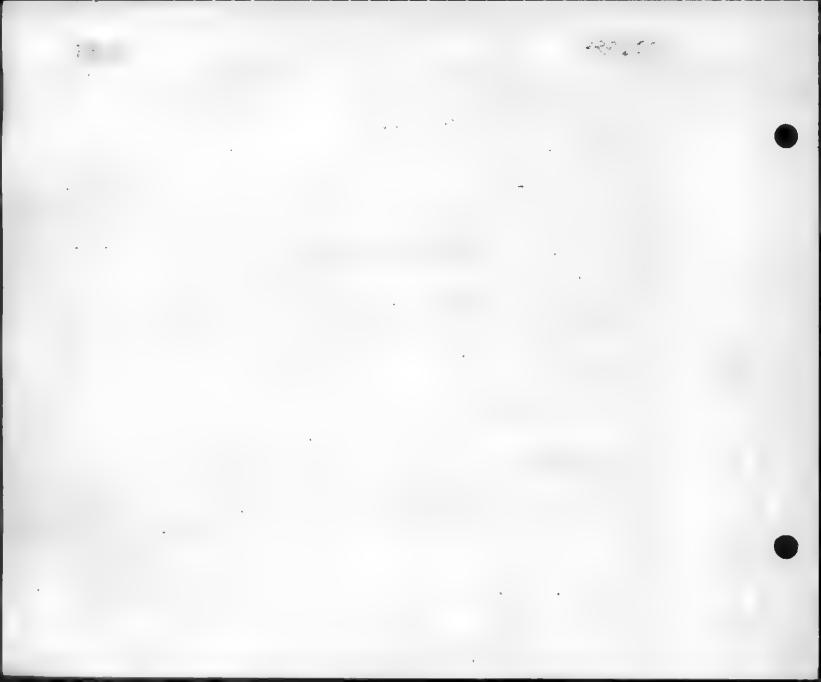
CEDTIFICATE OF DEATH

14055

13000		CERTIFICATE OF DEATH			14959			
1. PLACE OF DEATH			2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence					
o COUNTY AL	LEGANY	MARYLAND	O STATE MARY	LAND b	COUNTY ALL	LEGANY V		
	outside corporate limits,	CLENGTH OF STAY IN 16		itside corporote limits, wri	te RURAL and give	e nearest town)		
CUMBER	LAND (STOWN)	8 HOURS	FROS	TBURG		,		
	OR INSTITUTION (If not in hospital,	give street oddress)	d STREET ADDRESS	U1 DOY 1	0.0	e IS RESIDENCE ON A FARM?		
MEMORI	AL HOSPITAL		KI.	#1, BOX 1	04,	YES NO T		
B. NAME OF	First	Middle	Last	4. DATE	Month	Doy Year		
(Type or print) -	MARION	Ε.	BUSKIRK		NOV.	20, 19 66		
	COLOR OR RACE 7 MARRIED	NEVER MARRIED	DATE OF BIRTH	9 AGE (In ye	ors IF JNDER ov) Months	Doys Hours Min		
FEMALE	WHITE WIDOWED	J.Apr.) Second	5-5-1904					
On USUAL OCCUPATION (Guring most of working life	e, even if retired)	IND OF BUSINESS OR NDUSTRY		& Stote, or foreign country)	12. (1	UNTRY?		
SIGNE BIMPT	OYED DE	ELICATESSEN	FROSTBUR			JAIRS?. A.		
13 FATHERS NAME HENRY MC KEE			14 MOTHER'S MAIDEN					
		200111 20010101 10		A FINIER				
15 WAS DECEASED EYER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no orunknown) (If yes give wor or doles of service) 220–32–1+237 MEMORIAL HOSPITAL - CUMBERL								
			MONTAL ITO	OTTINE 0	OWIDERE			
	'H (Enter only one couse per line for WAS CAUSED BY	(o), (b), and (c)) reserved Coreles	Factor 5	deather acid	aid	INTERVAL BETWEEN ONSET AND DEATH		
1	, IMMEDIATE CAUSE (o)	well all of	melian bil	un 1		24 hours		
Conditions, if ony, which gove (b) A.S. Cordinariula discurs						10 lilos		
stoting the underlying couse Due 10 Scafetos mellitus 1 Mod 2001								
PART II OTHER SIGN	IFICANT CONDITIONS CONTRIBUTING				(o)	19 WAS AUTOPSY		
Tu			nectine	9 years	(-)	PERFORMED?		
2 1 200 ACCIDENT WAS III	8)	1						
OR CONTRIBUTING (IF EITHER, NOTIFY ME								
20c TIME OF INJURY	Month, Doy, Year 20d I		E OF INJURY (Home, forn		yn) (Co	unty) (Stote)		
Hour o.m.	19 While of wor		ory, street, office bldg., etc.					
21. 1 certify	that (1) (this haspital) atten	ided the deceased from	1467.	1955 to 10 A	n , 19 <u>0</u>	60, that (I) (we) Id		
saw the dece	eased alive an 26 h	19 <u>66</u> , and that	t death accurred at	10:000, from 64				
220. SIGNATURE	11/1 11/1	0.	ATTENDING -	MED STAFF		ATE SIGNED		
	, alfiel I'm	June Mi). PHYS.	DIRECTOR L PHYS.		oner. Glo		
22c. PHYSICIAN'S NAME (Type)	DD 14 A VAL	LODNED	22d. ADDRESS	CENTRE ST	CLIMA	REPLAND A		
	DR. W. A. VAN							
230 BURIAL, (REMATION, REMOVAL (Specify)		23c NAME OF CEMETERY OR		23d LOCATION (City		(County) (State)		
BUBLAT.	NOV.23,1966	FROSTBURG M ADDRESS	EM PARK	FROSTB	TTR G 56. registrars s	MARYLAND		
CARTLOUS	OWERS HAFER			INV 29 196		man Judge		
1 1 10 1 dlas - 1 d	A L M DIJ M M	THE RESTRICTION OF THE PROPERTY OF THE PROPERT	THE PACETORY	CEL EV MILE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages T and shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs ofter death.

VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filled with the State Dept. at Health priar to burial, cremation, ar removal, and in, any every, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 (

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14953

CERTIFICATE OF DEATH

14056

		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)					
		o. COUNTY ALLEGANY	****	O. STATE MARYLAND b. COUNTY ALLEGANY					
	_		MARYLAND						
		CITY OR TOWN (If outside corporate limits, writer \$1379 and alve Adul 5) town)	C. LENGTH OF STAY IN 16		corporate limits, write RURAL and	d give nearest town)			
		"COMPERENTE IONI	TO DAIS	CUMBERLA	ANU	du'i			
	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospito, or	ve street address)	d STREET ADDRESS		e & RESIDENCE			
^		NAME OF HOSPITAL OR INSTITUTION (IF not in hospito, gir MEMORIAL HOSPITAL	10 311001 0001033/	431 AVE.	M Potomac Parl	ON A FARM?			
	_					YES NO 🛪			
		NAME OF First	Middle		OF NOVEMB	ER Pay Year 66			
		DECEASED IRENE LO	ORRAINE CA	MARFFF	ER 14 19 66				
	5	1 11 1 _ 1 _ 1	X NEVER MARRIED 1 8	DATE OF BIRTH	9 AGE (In years I IF UN	IDER 1 YEAR IF JINDER 24 HRS.			
	ļ .	THE COLON ON MILE //, MAINTED	<u></u>	lost birthdoy) Months Doys Hours Min					
		FEMALE WHITE WIDOWED	511511112		45 yrs				
	100	USUAL OCCUPATION (Give kind of work done 10b. KIN	O OF BUSINESS OR	11, BIRTHPLACE (County & Stot		2 CITIZEN OF WHAT			
	auri	namost of working life, even if retired) Close	weng Mag.	CUMBERLAN	D. MD.	U. S. A.			
	_	FATHER'S NAME	3 05	14. MOTHER'S MAIDEN NAME					
	101	WILLIAM DAMM		ETHEL	BRANT				
	_								
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC		NFORMANT	Address	1 4110 110			
	11e	s, no or unknown) (If yes give wor or dates of service)	9-14-6039 M	EMORIAL HOS	PLIAL COMBER	LAND, MD.			
	H	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN							
		PART I. DEATH WAS CAUSED BY	oj, (oj, ona (cj.)		o a d d a m d m	6 ONSELAND DEATH			
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Urem1	La, with sev	ere anemia	acidosis,	o monens			
		DUE TO	& dehydra	tion					
		Conditions, if ony, which gove) (b) Chror	nic Pyelonep	hritis		5 years			
		nse to immediate couse (a), (Due to							
		storing the underlying couse							
_	×	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
7	CERTIFICATION			YES NO 5					
	FEC	20o ACCIDENT WAS UNDERLYING ☐ 20b. DESC	CRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I	or Port II of item 18.)				
	ERT	OR CONTRIBUTING CAUSE OF DEATH			,				
	¥	(IF EITHER, NOTIFY MEDICAL EXAMINER)	WING COURSES TO SHARE	e of humay (i)	001 151 . 3	/C + 1			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour a.m. 20d. INJ While		E OF INJURY (Home, farm bry, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
	ž	p.m. 19 of work	of work	sty, sheet, office brog., etc.)					
		21. I certify that (I) (this haspital) attended	ed the deceased from S	ept 27th 196	6 to Nove 14th	1966 that (1) (we) las			
		saw the deceased alive an Nov 14	1+1 19 66 and that	denth accurred at 35	P M Vimm causes and r	on the date stated above			
		220. SIGNATURE	A COLL 17 STEET, GIRG HIGH	dodin decorrou di <u>s s</u>		b. DATE SIGNED			
		220. SIGNATORE		ATTENDING MED	STAFF C				
		Amend Frances	M.D		CTOR L PHYS. L N	lov 16, 1966			
		22c PHYSICIANS	RNER	22d. ADDRESS	MECHANIC CUM	BERLAND, MD.			
		HAME (Type) DR. WYAND DOE	, IZ 14 F 87	717 114	VICTIANT C COM	DEREARD; MOI			
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY 1 2	23d. LOCATION (City or Town)	(County) (Stote)			
		BUTTAL Specify) 11/17/66	Hillcrest Bur	ice Dark	Cumberland AP				
	_		ADDRESS	DEALERCH DV	DECECTOAD OCL DECECTOA	- J			
1	24	FUNERAL DIRECTOR		SOLIGE A BE	REGISTRAN 25b. RECUSTRA	res signature			
1		H. Wayne George Cumber	rana, nanykana	DATE	1.000	A King Sun			

DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14294		CERTIFICATE	OF DEATH	1495	· ·	
	ACE OF DEATH				Vhere deceased lived, if institution Reside	ence before odmission)	
0.	COUNTY	ANY.	MARYLAND	o. STATE MADV	T.AND b. COUNTY	LEGANY	
b	CITY OR TOWN (If outside	corporate limits,	c LENGTH OF STAY IN 16		tside corporate limits, write RURAL and gr		
	write RURAL and give ned	rest town)		CUMBERLAND			
d	NAME OF HOSPITAL OR INS	STITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
	SACRED HEA	RT HOSPITAL		RT# 5	BOX 213 Cresaptow		
	ME OF	First	Middle	Lost	4 DATE Month	Day Year	
	CEASED (pe or print) EDM	JA	CT.	RM.	OF DEATH NOVEMBER	19 19 66 R 1 YEAR 1 IF UNDER 24 HRS	
S SEX		OR OR RACE 7 MARRIED	NEVER MARRIED 1	DATE OF BIRTH	9 AGE (In years FUNDE)		
	FEMALE WE	TTTE WIDOWED	DIVORCED	2-19-09	fy yrs Months	Days Hours Min	
	SUAL OCCUPATION (Give kin	of of work done 10b. I	KIND OF BUSINESS OR			CITIZEN OF WHAT	
Incing	Lmost of working life, even	if retired) All	egany Bal. Lab.	TONACON	TNG MARYLAND	OUNTRY?	
	ATHER'S NAME	1		14. MOTHER'S MAIDEN	VAME	U+D+R-	
	FRANK Duc	kwarth		DECCTE C	NICHOLA		
15 V	WAS DECEASED EVED IN 1	ADMED EDDLESS 14	SOCIAL SECURITY NO 17 1	NFORMANT	Address		
(Yes, I	no, or unknown) (If yes giv	re wor or dotes at service)	17-14-4035 Mr.	Adrian D.	Clem Rt. # 5 Cumbo	rland. Md.	
	8 CAUSE OF DEATH (Ent	J comme	1 INTERVAL BETWEEN				
	2 WEOKES						
	PARY I DEATH WAS O						
10	onditions of ony, which g		5 years				
n	se to immediate couse	(o), (DUE TO	onary Heart Dis				
	toting the underlying co	use (c)					
		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	(DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY	
		vascular di				PERFORMED?	
	Oo ACCIDENT WAS UNDERLY	YING □ 205. D	ESCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Port I or Port II of Item 18)		
	OR CONTRIBUTING CAUSE			. ,	·		
- [L`	Or TIME OF INJURY Mon		INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form	n, 20f (City or town) (C	ounty) (Stote)	
MEU	Hour om.	Whil		ory, street, office bldg., etc.)			
-	p.m.	01 110	nded the deceased fram 1	E + 7 1	954 to 11 - 19 19	66 that (I) (we) las	
	sow the deceased	alive an 11	19 1966, ond that	death accurred at	6 M, fram causes and on	the date stated above	
-	220 SIGNATURE	0 / 12		ATTENDING ==		DATE SIGNED	
	Ø	cg6 6. 100	ee M.C	PHYS	DIRECTOR PHYS	1+20-66	
	22c PHYSICIAN'S	7		22d ADDRESS			
	NAME (Type) DR.	BALLIN, M.D		62 GREE	NE ST CUMBERRAND,	MARYLAND.	
23o	BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR C		23d LOCATION (City or Town)	(County) (Stote)	
5	REMOVAL (Specify)	11/23/66	Hillcrest Bu	rial Park	Cumberland, Alle	gany Md.	
24	FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR 256 REGISTRAR'S	SIGNATURE	
	H. Wayne G	eorge Cumbe	rland, Maryland	NOW	2 5 1966 Jellante	y Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely fulled in by the funeral director, mage 3 should be detached for use as the burial-transit permit. They have remove carbon papers. Pages 1 and 2 director, mage 3 should be detached for use as the burial-transit permit. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retoined by the hospital or ottending physicion.

- 11

VS A15 (4) 15M 9/5S

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, I	1—BALTIMORE, 18
---	-----------------

14955 CERTIFICATE OF DEATH

M

Reg. Dist. No.

14958

	ACE OF DEATH COUNTY Alle	gany	MARYLAND	2. USUAL RESIDENCE (W g. STATE W . V	here deceased lived	b. COUNTY ++	mpshire	ion)
b,	CITY OR TOWN (II	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside corparate li	mits, write RURAL as	nd give nearest town	n)
	Lona	coning	30 days	Spring	field,	W. Va.	(rural)	
d.	NAME OF HOSPIT	AL (If not in hospital, give street	address) 55	d. STREET ADDRESS			e, IS RES	SIDENCE A FARM?
	Kyle	Nursing Hom	e, Jackson S	t.				NO 🗌
	AME OF	First	Middle	Lost	4. DATE OF	Month	Day	Year
	ype or print)	William	Thomas	Coleman	DEATH	Nov.	21.	19 66
5. SE	x Male	White		B. DATE OF BIRTH	Ins	GE (In years IFUNE	DER TYEAR IF UND	ER 24 HRS.
		MIDOM			883	33 yrs.		
10a.	during most of work	N (Give kind of work done 10b.		STRY [1]. BIRTHPLACE (Slote	e or foreign country	12	CITIZEN OF WHAT	COUNTRY
-		Farmer	Farming	Midland			U.S.A.	
13. F/	ATHER'S NAME	1		14. MOTHER'S MAIDEN				
		hn Coleman		Ellen	Tighe			
		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	1	Address	1 111,	
	no	2	34-60-365 3 A	vough Calin	con. 12	very city	1 74 12-	
1		TH [Enter only one couse per li	ne for (a), (b), and (c).]	0' (. /	1/	INTERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	uscardial	Ischem	a			
		DUE TO	9.					
	Canditions, if or		itenosden	stre CV	1) welas	ر کی ا	year	0
	gave rise to in coese (a), stating t						1	
	lying couse lost.	(c)						
N N	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	NDITION GIVEN IN F		AUTOPSY DRMED?
CATION		accenowa	Prostate	4			YES [
1 2 10	20g. ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I ar Part II of	item 18.)		
	Oc. TIME OF INJUR	Y Month, Day, Year 20d, II	NJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, for	m, 20f. (City or to	iwn)	(County)	(State)
MEDICAL	Hour p. m.	19 While	Not while fo	ctory, street, affice bldg., et	c.)		(555)	(
1 -		at I attended the deceas		, 1966, to	MODIL Z	1966 Sthat	I last saw the	decense
	alive on	NW 15 19		occurred at				
П	α		Z-, and mor dean	, 00001100 00000000		city or town, state)		ATE SIGNE
	ACTUAL SIGNATURE	Johnson	ama)	M.D. LO	NACON	ING	MD, 11	.2
ш		7						
	HYSICIAN'S L	. R. MILES	0.W.DD					
22a.	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY		(City, town, or count	ly) (Stat	(e)
	Buri/a/L	11-24-66	Belvedere	Cemetery.	Midlar	nd, Md.		
23. FI	UNERAY DIRECTOR	S SIGNATURE	ADDRESS CONV	ped Modate D	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	- 2
1-	127/10	0,000	ruceyear	E CO / POR CODATE U	LV U iu	1.0	1-12	2 mark



FOR STATE HEALTH DEPT.

delay is

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. Pie pages land 2 with the State Department af Health ar its des gnated agent, priar ta burial, crematian, ar remaval and in any event within 72 hours after death.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page necessary, please execute the certificate, writing the word "pending" in pencl in Item 18. Give Pages 1, 2, and 3 ta AL EXAMIMER: This certificate should be executed within 24 hours after death

Division of STATISTICAL RESEARCH AND RECORDS, 14956

301 W. PRESTON STREET, BALTIMORE, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

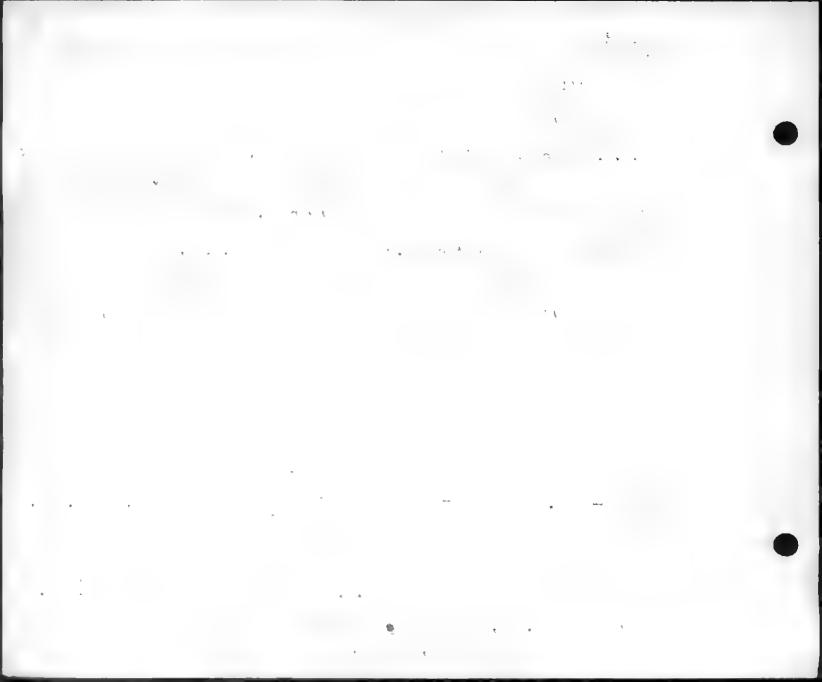
14959

21201

	OF DEATH					2 USUAL RESIDENCE					efore admis	sion)
o. COU	IN I Y	Allegany		MAR	YLAND	" STATE ME!	ryle	ind	b COUNTY	Alle	gený	
b CiTY	OR TOWN (II	outside corporate limi	ts,	c. LENGTH OF STAY		CITY OR TOWN (lf outsid	e carparate (imit	s, write RURA	L ond give ne	orest town)	
writ		give nearest town)						ngs			,	
J. MAN		abertand Lorinstitution (if n	as In Increased	ann standt address)		d. STREET ADDRESS		riga		11.	l o ic bro	SIDENCE
O MAM				,							ON A	FARM?
Q,	.O.A.	Memorial	Hespit	al		Reute #	<i>4</i> 3,	Bex 13	1A		YES	NO.K
3. NAME		F	irs†	Midd e		Lost	4	DATE	Month		Doy	/ear
DECEAS (Type of	SEU or print)	Gee/	-ge	One	C	ook		OF No	vembe/	- 1st	19	66
S. SEX		6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	D 🗆	B. DATE OF BIRTH		9. AGE		IF UNDER 1 YEA		ER 24 HRS
Male	•	White	WIDOWED	DIVORCE		January 1	5, 15	119 lost 1	oirthdoy)	Months Do	ys Hours	Min.
10o. USUAL	L OCCUPATION	[Give kind of work done	1 10b. KI	ND OF BUSINESS OR		II. BIRTHPLACE (SI		1 44	775	12 CITIZEN	OF WHAT	
during mos	st of working l	re, even if retired)	1N	IDUSTRY						COUNT	Ry?	
	Treckn R's Name	167	West	ern Md.Ri	?	Pendlete 14 MOTHER'S MAID			•	U	SA	
13 FAIRE	K 3 NAMIL	John Cod	de					Menge	Let			
								Henge				
IS WASE	DECEASED EVER	IN U.S. ARMED FORCES? If yes give wor or dates	- f M	SOCIAL SECURITY NO	/	HEORMANT		0 6	Address			
Ye		WW 11	170	15-126093	1 7 (py d	(OOK	Rawli	ngs,M	aryle	ind
18. 0	CAUSE OF DE	ATH (Enter only one ca	use per line for	(e), (b), end (c).)	1						INTERVAL B	
	PART I. DEAT	H WA'S CAUSED BY IMMEDIATE CAUSE	(a)	Crus	hed	Skull				5	Sudde	DEATH
	25		10									
Condi	itions, if any,			(Fal	l fr	om Railr	oad	Bride	(e)			
nse to	o immediate	couse (o),	(b) TO									
	ig the underl	Ying couse								-		
lost		. ,	(c)									
PART	II OTHER SIG	INF CANT CONDITIONS	CONTRIBUTING '	TO DEATH BLT MOT RE	LATED TO 1	HE TERMINAL DISEASE	CONDIT	ION GIVEN N PA	RT 1(o)		19 WAS AU PERFOR	
ğ											YES	NO 🗌
	EXTERNAL CAU		20b DE	SCRIBE HOW INJURY (OCCURRED.	Enter noture of injury	y in Port	Lor Port II of I	lem 18)			
E CAUSI	ARY Or CON E OF DEATH	IKIRUTING 🗆	Fel	l from W	este	rn Md. R	RB	ridge	#1656			
= -		RY Month, Doy, Year		RY OCCURRED	20e PaA	E OF INJURY (Home	form,	20f (City		(County)		(State)
9 .	Hour o'm		ADDITO.	A Mark Miller La	Defact	Bridge	, etc.)		rland	, , , , ,		, ,
TA:									_			
		that I took charg			-	APPER		nspection 🏖			and in my	opinion /
_ d∈	eoth resulte	ed from: Notur	ol couses], Accident	J, Suic	ide 🔲, Homic	_		mined mor	nner 🔙		
ACTU	IAI /) 1	1 10	-	1	CHIEF MEDI	ICAL EXA	MINER			00 017	r stour-
	ATURB	enedie	1 XX	clarely	1			EXAMINER .		,		E SIGNED
EXAN	AINER'S					DEPUTY ME	EDICAL E	KAMINER I	Noven	aber .	1, 19	66
NAM	E (Type)	Benedict	Skit	arelic,	M.D	 Address (St 	treet cit	y, town, or coun	Cumbe	rland	, Mo	•
	IAL, CREMATIO		IEREOF	23c NAME OF CEN	ETERY OR	CREMATORY	T	23d LOCATION	(City or Town) ((0.	inty)	(Stofe)
REMO	OVAL (Specify)	Nav.4	th, 1966	Dawson	Come	terv		Dewson	Mary	land		
24. FUNE	RAL DIRECTOR			ADDRESS			REC D BY	REG STRAR		STRARS S.GNA		
MA	7	27 151	Key Key	ser, West	Va.	DATE	N	NV 7	1966	Clia	may &	udge
-wu	ve /	6, 116 Mile	C. K.			DATE	- 1	A. I. S.	IVVV	11	-/1	11

VR A15ME 19

TO DIFFUTY ME



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14957 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY ALLEGANY MARYLAND LLEGANY C CITY OR TOWN (if autside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (It outside corporate limits. C LENGTH OF STAY IN 16 CUMBERT AND Recrest fown) h DAYS CUMBERLAND d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 28 WEBER ST YES NO TO SACRED HEART HOSPITAL 3. NAME OF Middle 4. DATE DECEASED (Type or print) RAY DEATH 18.9/66 IF UNDER 24 HRS. S SEX 6 COLOR OR RACE NEVER MARRIED B DATE OF BIRTH AGE (In years 7 MARRIED VE lest buthdoy) Days 2/12/07 WIDOWED D VORCED MALE WHITTE TOO USUAL OCCUPATION (Give kind of work done TOP K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
SPINNER INDUSTRY COUNTRY? CELANESE FIBER CO PENNSYLVANIA U.S.A 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME LAURA BOYER CHARLES COOK IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) PATIENT'S CHART 21/-05-9391 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Myocardial Infarction Canditions, if any, which gave 12 davs rise to immediate couse (o). DUE TO stating the underlying cause Coronary Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS) PERFORMED? NO G astroduodenitis 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH None (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, affice bldg., etc.) Not While at wark None 21. I certify that (I) (this haspital) attended the deceased from Nov. 7, 19.66, ta Nov. 19, 1966, that (I) (we) last saw the deceased alive on November 19, 1966, and that death accurred of 3.55 Myram causes and on the date stated above. 220 SIGNATHRE 22b DATE SIGNED STAFF PHYS. DIRECTOR M.D. 77-27-66 ADDRESS PHYSICIAN'S NAME (Type) James P. Hallinan M. D. HAL 140 B edford St., Cumberland, Md 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) NEAR CUMBERLAND ALLEGANY MD HILLCREST 25b. REGISTRADS SIGNATURE Judge 250 REC'D BY REGISTRAR FUNERAL DIRECTOR NOV 2 3 AVE. CUMBERLAND, MD.

mithin 24 haurs after death funeral ampletely filled in by the fur ve carbon papers. Pages 1 event, within 72 haurs after campletely fi nave carbon p manures that the death certificate be axecuted burial-transit permit. burial, crematian, ar re signed by the burial-transit By the haspital or attending physician. as the TO FUNERAL DIRECTOR: After this certificate be detached O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the

ar rem

death

AND THE RESERVE

FOR STATE
HEALTH DEPT.

after death. essary, e funera 5 may be DEPUTY MED EXAMINE: This certificate should be executed within 24 hours after defin. If any delay please execute me certificate, writing the word "pending" in pencil in Item 188 Unit pensil 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMI3. Page 5 retained for your files. State in any event within 72 hours TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trans ermit. File of Health or its designated agent, prior to burial, cremation, or removal, and MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

REGISTRAR'S SIGNATURE

Milarles

REC'D BY REGISTRAR

25a.

25b.

1956

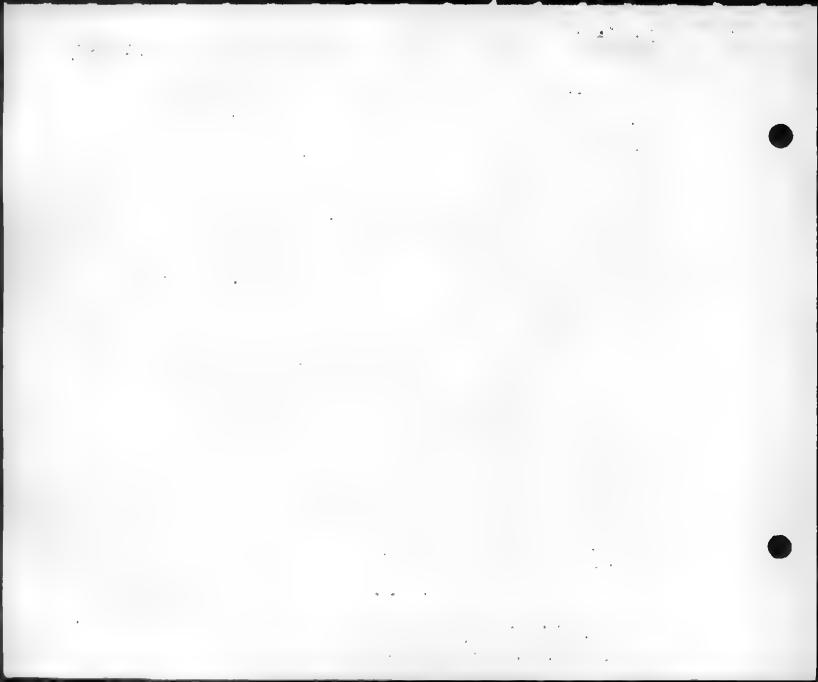
	14958	MEDICAL	EXAMINER'S	CERTIFICATI	E OF DEATH	14961
1,	PLACE OF DEATH			(tution: Residence before admission
	Alles	anv	MARYLAND	a. STATE Mar	yland b. count	legany
	b. CITY OR TOWN (If outs write RURAL end give	de corporete limits, nearest town)	C. LENGTH OF STAY IN 1b			e RURAL end give nearest town
	Cumberland		1 Week	Cu	mberland	1
	d. NAME OF HOSPITAL OR	INSTITUTION (if not in h	ospital, give street address)	d STREET ADDRESS		e. IS RESIDENCE DN A FARM?
	Memorial I	Hospital		R D 1, Cas	h Valley Road	YES ND
3.	NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
_	(Type or print)	Mary		Crabtree	DEATH November	24 19 66
5,	SEX 6. COLO	OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years 11 last birthdey)	FUNDER 1 YEAR IF UNDER 24 HR: fonths Days Hours Min.
	Female Whit			Oct. 24, 187	9 87 yrs.	
10a	. USUAL OCCUPATION (Give i	(ind of work done 10b. K ven if retired) 10b. K	IND DF BUSINESS OR VOUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		Home	Maryland		USA
13.	FATHER'S NAME			14. MOTHER'S MAID	EN NAME	
	He	nry Getson		Anni	e E. Petenbrink	\$
15 (Ye	. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16.	SDCIAL SECURITY NO. 17.	INFORMANT	Address	
	No	1	ne (Chester Crab	tree, Corrigan	ville. Md
	18. CAUSE OF DEATH (E	nter only one cause per l				I INTERVAL BETWEEN
	PART I. DEATH WAS	CAUSED BY: ATE CAUSE (e)	CORONARY	OCCLUSION		HOURS DEATH
	401	DUE TO				
	Conditions, If any, which		CORONAR	Y SCLEROSIS	i	
	geve rise to immediat	e (DUS TO				
	ceuse (e), stating the underlying cause last.	(c)				
No	PART H. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PA	ART 1(8) 19. WAS AUTDPSY PERFORMED?
ATI						YES NO T
IFIC	208. EXTERNAL CAUSE Y	VAS 20b.	DESCRIBE HOW INJURY OCC	URRED, (Enter nature of	f Injury In Part I or Part II of	Item 18.)
E	PRIMARY OF CONTRIBU	TING 🗆				
AL C	20c. TIME OF INJURY N		NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
MEDICAL CERTIFICATION	Hour s.m.	19 While	Not While facto	ory, street, office bldg., e	tc.)	
_	21. I certify that 1 t	ook charge of the rem	ains described above, he	ld an Autopsy 🔲,	Inspection 🔼, Inquir	ry 🔼 and in my opinio
	death resulted from:	Natural causes 🗓	, Accident , Su	icide, Homici	de 🔲, Undetermined n	nanner
	0			CHIEF MEDICAL	L EXAMINER	
	ACTUAL SIGNATURE	codect	1 to Taral	ASSISTANT MEI	DICAL EXAMINER	22. DATE SIGNED
					AL EXAMINER NOVE	
	EXAMINER'S BEI	NEDICT SKITAF	RELIC, M.D.	Address (Street	t, city, town, or colarymber	rland, Maryland
238	BURIAL, CREMATION, 2		23c. NAME OF CEMETER		23d. LOCATION (City, tov	
	REMOVAL (Specify) No	ov. 27, 1966	Restlawn Mem	orial Garder	ns Near Cumber	land, Md.

Balto Ave. Cumberland

VR AISME (5)

John J. Ha

24.



FOR STATE HEALTH DEPT.

51

TO DEPUTY MEDISMEXAMINER. This certificate should be executed within 24 hours after death. If any delay is certally please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medial Examiner's Office along with form PM3. Page 5 may be retained for your files. (ile pages 1 and 2 with the State Department, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, of Health or its designated agent, prior to burial, cremation, or removal,

> VR ALSME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14959 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14982

1.	PLACE OF DEAT	H					ENCE (Where de	ceased lived, If inst		lence before adi	mission)
	a. GOONIT	Allega	1711		VIARYLAND	a. STATE	laruland	b. COUN		Leavin	
_	b. CITY OR TOW Write RURAL	IN (If outside	corporate limit	s, c. LENGTH OF		c. CITY OR TOWN	(If outside cor	rporata limits, wri	te RURAL and	d give neares	t town)
	Ceunb	erland	arest town)			Cumberl	2and			, ,	
_	d. NAME OF HO	SPITAL OR IN	STITUTION (If n	ot in hospital, give str	eet address)	d. STREET ADDRE				e. IS RESI	DENCE
	9	acred	Jeart Ho	swital		Rt. # 1	Cash U	allen Rd.		YES T	
3.		METER !	First	Middl	A	Last	1 4. DATE	Month		Day Yea	73
	(Typa or print)		John	willi	-	Crosten	OF DEATI			22. 19	
5.	SEX	6. COLOR C		RRIED NEVER MA	RRIED 1	8. DATE OF BIRTH	9.	ACE (in vacre ii	IF HINDED 1 V	EAR IF UNDER	24 HRS.
	Male	Whit			DRCED T	0/1/1010		last birthday)	Months Da	ys Hours	Min.
10	USUAL OCCUPAT	TION (Give kin	d of work done	10b. KIND OF BUSINES		8/4/1870 11. BIRTHPLACE	(State or fore		12. CITIZ	EN OF WHAT	
aur	Ro+ F.	ing ine, even a hwa h	in retired)	Faun owner		Tue'san	Co III I	lla.	COUN		
13.	Ret. F.	IE		1001101101	b-	Tuczer 1 14. MOTHER'S M	AIDEN NAME	V CL_	l Li	J.A	
		Travi	is Crost	0 11		F	Pizahetl	i Turner			
15	. WAS DECEASED	EVER IN U.S. A	ARMED FORCES?	1 16. SOCIAL SECURI	TY NO. 17.	INFORMANT	OCENO CO	Addres	S		
(1)	VO ,	(IT yes give wa	r or dates of service	215-20-55	60	Wrs. Edna	Homino	R+ # 1	Cumban	Pand 1	ld
		DEATH [Ente	r only one cause	per line for (a), (b), a		The Later	Hernita	15424	F	NTERVAL BET	WEEN
	PART J. DI	EATH WAS CA	USED BY:			ry Occlusi	012			ONSET AND D	EATH
	4201	IMMEDIAL	DUE TO			3000000	275				
	Conditions, if	any, which			Corona	ry Scleros	is				
	gava risa to cause (a), a	Immadiata	DUE TO					-			
	undarlying caus		(c)								
8	PART II. OTHER	SIGNIFICANT		NTRIBUTING TO DEATH	BUT NOT REL	TED TO THE TERMIN	AL DISEASE CON	IDITION GIVEN IN F	PART 1(a)	19. WAS AU	
SAT										-	NO T
臣	20a. EXTERNA	L CAUSE WAS	3	20b. DESCRIBE HOW	INJURY OCC	JRRED, (Enter natura	a of Injury In P	art I or Part II of	Item 18.)		
CERTIFICATION	PRIMARY OF DEAT	TH.	NG []								
SAL			th, Day, Year	20d. INJURY OCCURRI	ED 20e, PLA	CE OF INJURY (Home	e, farm, 20f.	(City or town)	(County	') (S	tate)
MEDICAL	Hour a.i		19	While Not While	1 acto	ry, street, office bldg	£., 010.)				
2				e remains describe	d above, he	ld an Autopsy	, Inspection	on 🕅 Inqui	ry XX.	and In my o	noinign
	death result						icide .	Undetermined		1	•
		n	*-			/ CHIEF MEDI	₹ ليبسنا			-	
	ACTUAL SIGNATURE	Den	duc	1 Skill	exelo	ASSISTANT	MEDICAL EXAM	IINER 🔲		22. DATE S	
	EXAMINER'S					DEPUTY ME	DICAL EXAMINI	ER & Nove	mber 2	2, 1966	ź
_	NAME (Type)	Ben	redict SI	ritarelic	Ч. Д.		reet, city, town			and. Mo	
238	BURIAL, CREN REMOVAL (Sp	SATION, 23b	. DATE THEREC	OF 230. NAME		OR CREMATORY		OCATION (City, to			ate)
	suria	. 1	1/26/66	Restlav	n Memo	rial Garde	us Cum!	perland.	Allega	ny, Md.	
24	. FUNERAL DIRE	ECTOR		ADDRES	S	25 1	REC'D BY REGI	DJKAK 250KL	GISTRAR'S S	IGNATURE	
-		Wayne	George	Cumberl	and, M	d. DATE				10	

. 4 0 * • . 4

FOR STATE HEALTH DEPT.

WER EXAM TER: This certilicate "Tended to the Chief Medical Examiner's Office along with form PM3. Page 5 may be Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal and event within 72 hours after death. retained for your files. please execute TO DEPUTY MEN director.

2

AISME (5)(7

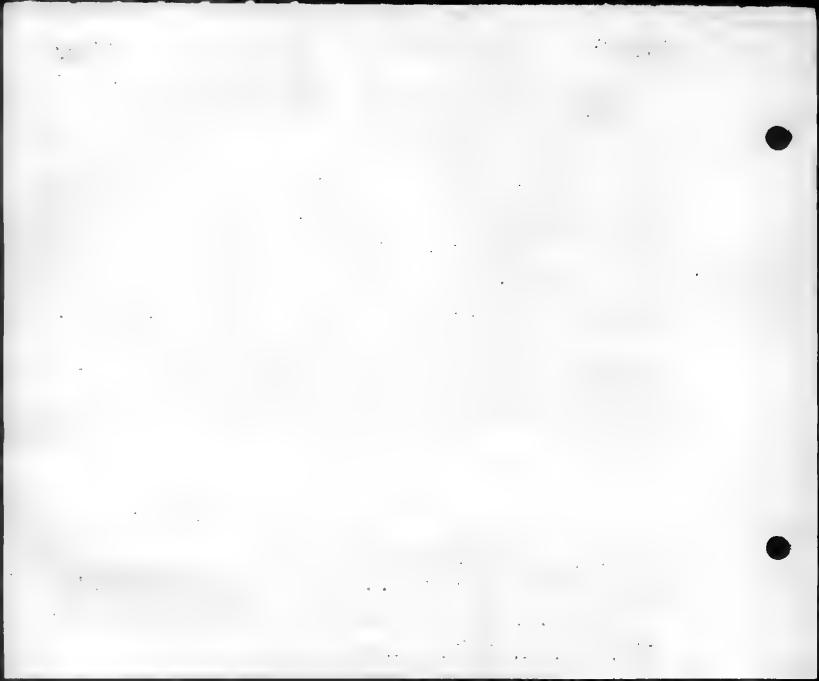
John

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14960		MEDICAL	EXAMINER'S	CERTIFICATI	E OF D	EATH	14	1963
1.	PLACE OF DEAT	Н				E (Where decea	ised lived, If inst		ence before admission)
	Alle	gany		MARYLAND	a. STATE Mary	land	B. CDUM	Alleg	anv
	b. CITY DR TOW Write RURAL	N (If outside o	corporate limits, est town)	C. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If		orate ilmits, wri	te RURAL and	give nearest town)
	Cumb	erland			Cumbe	erland		er)	
	d. NAME OF HO	SPITAL OR INST	TITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE DN A FARM?
_	420	Pine Pl	ace		420 1	Pine Pl	ace		YES NO X
3.	NAME OF DECEASED		First	Middle	Last	4. DATE	Month	D	Day Year
	(Type or print)		Bruce		Crothers	DEATH	Novembe	er 2	9 19 66
5.	SEX	6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (in years i last birthday)	FUNDER 1 YE	AR IF UNDER 24 HRS.
	Male	White			Sept 6, 190	4	62 yrs.		
10e	e. USUAL OCCUPATING most of work	I ON (Give kind) Ing life, even i	of work done 10b, Kil f retired) IN	ND OF BUSINESS OR DUSTRY	11. BIRTAPLACE (SI	tate or foreign	n country)	12. CITIZI	EN OF WHAT IRY?
	Labore		Hirs	sch Bros Hides	West Vi	rginia		USA	
13.	. FATHER'S NAM	IE			14. MOTHER'S MAID	ENTNAME			
		Sam	mel M. Crot			sa Fans			
15 (Yi	. WAS DECEASED	EVER IN U.S. AR (If yes give war o	MED FORCES? 16. 5 or dates of service)	OCIAL SECURITY NO. 17.	INFORMANT		Address	5	
_	No				s. Charles S	Smelser	Ridge	lev.W	-Va
				ne for (a), (b), and (c).]				, III	NTERVAL BETWEEN
	PARI I, DI	EATH WAS CAUS IMMEDIATE	CAUSE (a)	CORONARY	OCCLUSION				SUDDEN
	120	/	DUE TO	CORON	ARY SCLEROS	2 TC			
	Conditions, if gave rise to		(b)	- GORON	WILL DOTTER	773			
	cause (e), s	tating the	DUE TO						
Z	underlying caus		(c)	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	I SEASE COND	TIONGIVENING	ART1(a) 1	19. WAS AUTDPSY
TIO	PART III OTHER	JIGHH IONNI O	SHOTT TORS CONTRIDO	THIS TO DESITE BOT TO THE D	ATED TO THE TEMPSHORED	1001000000	1110.114111111111	THE LEWY	PERFORMED?
FICA	20a EVIEDNA	L CALLET WAR	i 20b. D	ESCRIBE HOW INJURY OCC	UDDEN /Enter B Jure of	lalues la Dar	I or Part II of	Itam 18 \	YES NO
MEDICAL CERTIFICATION	20a. EXTERNA PRIMARY or CAUSE OF DEAT	CONTRIBUTING	G 🗀	ESCRIBE NOW INJURY COCI	DKKED. (ENIST NATOR OF	infall in car	t i oi i ait ii oi	100111 2017	
AL C	20c. TIME OF			JURY OCCURRED 20e. PLA	ACE OF INIURY (Home, fa	rm. 20f. (C	ity or town)	(County)	(State)
200	Hour e.	m,	While	Not While facto	ory, street, office bldg., e			(,	
M	D. I markié		19 at work	ins described above, he	td on Autonou TO	Inspection	Gran Inqui	ryxxxx	and in my opinion
	death result		Vatural causes 🛣.		icide . Homicio		Indetermined	- 1177718]
	death leadin		taturai Gauses [28]	Accident , so	CHIEF MEDICAL			1	
	ACTUAL SIGNATURE	9,,,,	dia to St	Estavilla	M.D. ASSISTANT MEI		IER 🗍		22. DATE SIGNED
		779779			DEPUTY MEDIC	AL EXAMINER	XX Nov	ember :	30, 1966
	EXAMINER'S NAME (Type)	BENEI	DICT SKITA	RELIC, M.D.	Address (Street	t, city, town,	or coun Cumb	erland	, Maryland
238	REMOVAL (Sp	MATION, 23b.	DATE THEREOF	23c. NAME OF CEMETER			Carrib (City, to) (State) Maryland
			. 3, 1966	Sunset Memor		Near	Cumber	GISTRAR'S S	_
24	FUNERAL DIR	F.K.	Jales, fr	ADDRESS				Clian	
	John J.	Hafer.	Jr. 1) 230 Ba	ilto Ave., Cur	nber Lanchate	JEU Z	1966	7	1

Md



FOR STATE

P.M.3. Page

with farm

delay

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 hours after death. If

Xate Department of pages land2/with the S in any event within 77 pages land 2 as a burial-transit permit. File Health ar its designated agent, priar ta burial, cremation, or remaval, and nsed

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give the funeral director. Poye 4 should be forwarded to the Chief Mildical Examiner's Office along TO FUNERAL DIRECTOR: Page 3 should be 5 may be retained far yaur files.

TO DEPUTY MEDICAL EXAMINER:

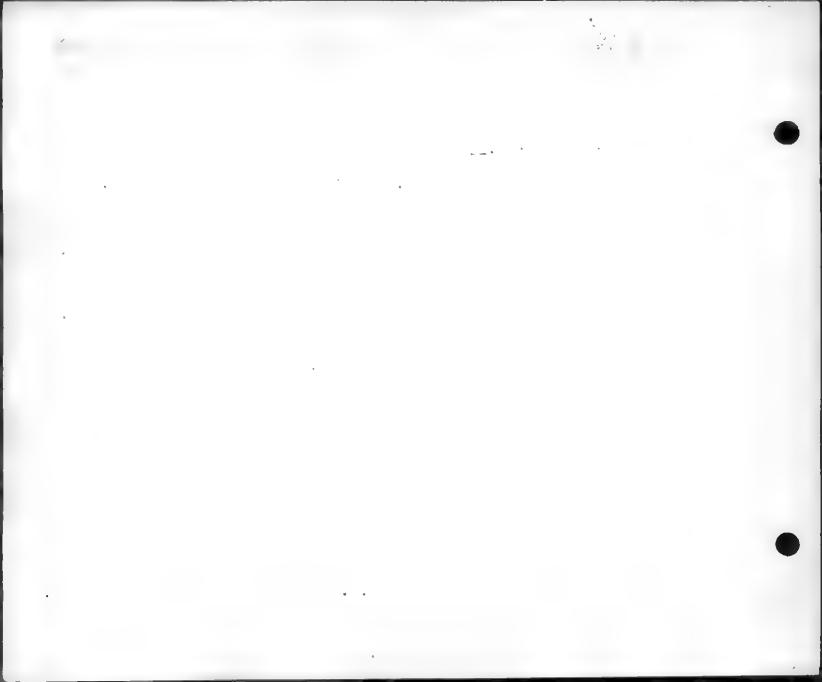
DIACE OF DEATH haves after death.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

o. COUNTY	ALLEGAN	7	44.40V 84	iD.	- FTATE	RYLAND b. CO	HNTY	LLEGANY
b CITY OR TOWN I	(If outside corporate I mits,		MARY, AN			rtside carporate mits write R		
	degry (Care) town)		DOA			OSTBURG	bitte one give	25
d NAME OF HOSPI	IAL OR INSTITUTION (If not	in hospital, giv			d. STREET ADDRESS			e IS RESIDENCE
Memori	al Hospita	alD0	A		RT.	. 2		ON A FARM?
3 NAME OF DECEASED	Firs		Middle		Last		nth	Day Year
(Type or print)	CLIFF	ORD	E.		CROWE	DEATH NOVEMB		4, 19 66
S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED [DATE OF BIRTH	9. AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HRS
MALE	WHITE	WIDOWED [MY 16, 1903			
100 USUAL OCCUPATION	N (Give kind of work done		OF BUSINESS OR USTRY		11 BIRTHPLACE (Stote	or foreign country)		IZEN OF WHAT JNTRY?
SALESMA	N_		OMOBILE		MARYLANI)		U. S. A.
13. FATHER'S NAME				İ	14. MOTHER'S MAIDEN I	NAME		
	IDGE CROWE					CORA WARNER		
S WAS DECEASED EVE (Yes, no. or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service)	C AL SECURITY NO		NFORMANT		iress	
			-07 -509 0	MF	S. LEORA CF	ROWE, FROSTBUI	RG, MD,	Rt. 2
18 CAUSE OF D	EATH (Enter only one couse TH WAS CAUSED BY	e per line for (d			m3		0.1	INTERVAL BETWEEN ONSET AND DEATH
I ANT F DEA	IMMEDIATE CAUSE (c)	Cor	ons	ary Thron	bosis, lei	r t	Sudden"
6-4	DUE T		Co	71 AY	ary Scle	rosis		
Conditions of ony rise to immediat	le rouse (n))		I.OI	ary Scre	TOSTS		
stoting the unde								
		()	OF STU-DUT NOT DO STE	b vo 1	TILL TERMINAL DISCUST CO.	CITION CUITA IN CAST III		19 WAS AUTOPSY
NOTAL I OTHER 2	GNIFICANT CONDITIONS CO	MIKIBUTING TO	DEATH BUT NOT KETATE	D IO I	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o)		PERFORMED? YES NO
200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.		20b DESC	RIBE HOW INJURY OCCU	RRED.	Enter noture of injury in	Port I or Port II of item 18.)		
20c TIME OF INJ	URY Month, Doy, Year m. m. 19	20d. INJI While of work	URY OCCURRED 20 Not While of work		E OF INJURY (Home, form ory, street, office bldg , etc.)		(Cou	nty) (Stote)
21 certif	y that I took charge			e, he	d an Autopsy 🔼	Inspect on X, Inc	Juiry K),	end in my opinion
deoth resul		couses SP			de 🗍 . Homicide			
4671141	1	V.F.	_		CHIEF MEDICAL	EXAMINER		
ACTUAL SIGNATURE	Busdick	Skita	relied		m v	ICAL EXAMINER 🔲		22. DATE SIGNED
EXAMINER'S NAME (Type)	Benedict	Ski tar	relic, M	.D.		L EXAMINER NOT COUNTY LINE	vembe: perlar	14, 1966 nd. Md.
230 BURIAL, CREMAT			23c NAME OF CEMETER		REMATORY	23d LOCATION (City or 1		(County) (State)
BURIAL Specify	NOV. 17	1966	GREENVILLE	CE	ETERY-	POCAHONTAS	PENN	A.
24 FUNERAL DIRECTO)R		ADDRESS		25o. RECT	BY REGISTRAR 25b	REGISTRAR'S SI	GNATURE
JUSEPH H	. DURST. SR	. FROS	TRITEC. MD		L S. FE A	NV 2 1 1000	1001	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE 14962and. The law requires that the death certificate be executed within 24 haurs after death by the funeral Pages Land PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before adaptission) o. COUNTY b. COUNTY Allegany MARYLAND ease remave carbon papers. Pages L and in any event, within 72 haurs after b CITY OR TOWN (If outside corporate I mits, t LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA, and give nearest town) Wellersburg Cumberland . 😑 d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? filled Sacred Heart Hospital YES | 3 NAME OF Middle DATE Last DECEASED OF DEATH Joseph D. Daughton 11 19 66 (Type or print) IF LINDER 24 HRS 8 DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Male Months Doys Hours 1889 DIVORCED WIDOWED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OF 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired working COUNTRY? INDUSTRY signed by the attending physican bunal-transit permit. Then telease bunal, crematran, ar remaind, and Baltimore. Md. USA 13 FATHER'S NAME MOTHER S MAIDEN, NAME Joseph Daughton WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, grunknown) (If yes give war or dates of service) patient's chart CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN I vear PART I DEATH WAS CALSED BY-Right heart failure IMMEDIATE (AUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Emphysema 20 years Canditians, if any, which gave rise to immediate couse (o). **DUE TO** stating the underlying couse page 3 shauld be detached far use as the efiled with the State Dept, af Health priar ta last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Diabetes mellitus, Abdominal hernia NO certificate 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year O FUNERAL DIRECTOR: After this Hour o.m. factory, street, affice bldg., etc.) Not While at wark at work 11 - 119 60that (1) (we) last . 1961 ta 21 I certify that (I) (this haspital) attended the deceased fram___ 1 - 19saw the deceased alive on 11 - 13 19.66, and that death accurred at 3n M, from causes and an the date stated above. 22g SIGNATURE 22b. DATE SIGNED **ATTENDING** 11-15-66 M.D. DIRECTOR PHYS 22d ADDRESS NAME (Type)Ralph Ballin. M.D. 62 St. Greene Cumberland. Md. directar, shauld 230 BURIAL, CREMATION DATE THEREOF MOVAL (Specify) 25a REC'D, BX 24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14963			CERTIFIC	AIL	OF DEATH			1490	16
	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (V	Where deceased			ore admission)
	G. COUNTY	ALLEGANY		MARYLAN	D	o STATE MARY	LAND	P COUN	ALL	EGANY
	b CITY OR TOWN (If	outside corparate limits give nearest town)	,	c LENGTH OF STAY IN 18)	c CITY OR TOWN (If ou	itside carparate	limits, write RUR	At ond give neor	est town)
	FROSTE	BURG		30 HRS.		FF	ROSTBUR	G		,
	d NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospital, i	give street address)		d STREET ADDRESS				e IS RES DENCE ON A FARM?
	MINERS	HOSPITAL				37	STOYE	R STREET	1	YES NO
3.	NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Manth		
	(Type or print)	T		CARL		ELANEY	DEATH	NOVEME		
-	SEX MALE	6. COLOR OR RACE WHITE	7 MARRIED WIDOWED	NEVER MARRIED [DATE OF BIRTH TULY 17, 191	5	AGE (in years last birthdoy) Yrs.	Months Doys	
		(Give kind of work done		IND OF BUSINESS OR		11 BIRTHPLACE (County	& State, ar fore	gn country)	12 CITIZEN	OF WHAT
쐔	CHNTCTAN-	WATER LAB	CEL	ANESE CORP.		MARYLAND)		COUNTRY	Á.
13.	FATHER'S NAME					14 MOTHER'S MAIDEN I	NAME			
	J. ALOYS	IOUS DELAN	3 Y			MAY RILE	CY			
IS.	WAS DECEASED EVE	RIN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17	NFORMANT		Addres	5 37 STO	YER ST.,
128	YES	(If yes give war or dotes of WW2	21	7104331	MRS	. MILDRED D	ELANEY	FROSTE	BURG, MD	•
		ATH (Enter anly one cou	e per line for	(o), (b), ond (c).)			0	F	11	NTERVAL BETWEEN ONSET AND DEATH
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE ((0)	(wone	3/	y or	clu	BAM		Carl S
	420	DUE.	TO	11 1		1			-	110
	Conditions, if ony, rise to immediate	couse (a)	(b)	HC	\mathcal{V}	1)				172
	stating the under		ТО							•
	lost.		(c)							
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT RELATED	0 10 1	HE TERMINAL DISEASE COI	NDITION GIVEN	IN PART 1(o)		9 WAS AJTOPSY PERFORMED? YES NO
CERTIFICATION	20g ACCIDENT WAS OR CONTRIBUTING (IE EITHER NOTIFY)		20b. DE	ESCRIBE HOW INJURY OCCUP	RRED.	Enter nature of injury in	Part I ar Port I	of item 18.)		
MEDICAL	20c. TIME OF INJU	RY Month, Day Year	20d I	NJURY OCCURRED 20	e. PLA	E OF INJURY (Hame, farm	, 20f	City or town)	(County)	(Stote)
WED	Hour a.m	10	While		fact	ary, street, affice bldg., etc.)		1		
				ded the deceased fra	m /	11/24	9 06 to	11/26	1966	that (1) (we) la
		ceased alive an				death accurred at		fram causes o		ate stated abov
	22a SIGNATURE	300	1>	-				CTAFF	22b. DATE SJO	GNED
		10 Cu	1 6	D. Santeur	j M.I		MED. DIRECTOR [STAFF DHYS.	11/2	28/60
	22c. PHYSICIANS	TOURS TO I	15570		,	22d ADDRESS				
	NAME (Type)		AVIS,					STBURG,		
	BURIAL, CREMATIO			23c. NAME OF CEMETER				FION (City or Tov		ity) (State)
_	BURTAL (Specify)	1.1-2,7-	-66	ST. MICHAE	LIS			TBURG,	MD.	
24	I. FUNERAL DIRECTOR			ADDRESS			BY REGISTRAF		GISTRAR'S SIGNAT	
	JOSEPH	R. DURST. F	ROSTBL	IRG. MD.		DATE N	0V 3.0	1986 2	Marile	, under

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death curtificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1496	4		CERTIFICA	ATE OF	DEATH			1490	57	
1 PLACE OF DEATH					UAL RESIDENCE (V	Vhere decease			Befare admission	n)
a. COUNTY	ALLEGANY	•	MARYLANI		STATE MAR	YLAND	b. COUN		EGANY	
	f autside carporate limit		c. LENGTH OF STAY IN 16		Y OR TOWN (If ou		hmits, write RUR			
FROSTBU	give nearest tawn)		D. O. A.		ਜਾਵਨ	STBURG				
	AL OR INSTITUTION (If n	at in hospital,		d. ST	REET ADDRESS	OTDORIG			e IS RESID	
MINERS	HOSPITAL		,		74	WASHIN	GTON ST.		ON A FA	ARM? NO [
3 NAME OF	Fi	irst	Middle		Last	4. DATE	Manth	1	Day Yea	ır
DECEASED (Type or print)	LAUR	A	E.	DENS	MORE	OF DEATH	NOVEMB	ER	9, 196	56
S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9.	AGE (in years	FUNDER 1 Y		
FEMALE	WHITE	WIDOWED	DIVORCED	MARC	H 28, 18	92 7	Jast birthday)	Months D	oys Haurs	Min
100 USLAL OCCUPATION	(Give kind of wark dane		IND OF BUSINESS OR	11.8	IRTHPLACE (County	& State or fare	ign country)	12 CITIZI	EN OF WHAT	
during mast of working RETERED C	ONING DEPT		DUSTRY LANESE CORP.	М	ARYLAND			Could	I.S.A.	
13. FATHER'S NAME					OTHER S MAIDEN I	IAME				
HENRY	McKEE				CHARLOTT:	E ANN	MCKENZIE			
IS WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO	17 INFORM	ANT		Addres	SS		
(res, na, ar unknawn)	(If yes give war ar dates	of service) 21	17-10-4772	MRS.	ALLAN GR	ANT. F	ROSTBURG	MD.		
	which gave) e cause (a), (· ·	HCV	D	ol a	cci	dent		HOON YOUR	EATH
PART II OTHER SI	PART II OTHER SIGNIFICANT COMPITIONS CONTRIBUTING TO DEATH RITE NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).									
C LIE EITHED MATIEV	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DI	SCRIBE HOW INJURY OCCUR	RED (Enter n	ature of injury in I	Part I or Part	II of item 18.)			
20c TIME OF INJU-	JRY Manth, Day, Year n. 19	20d I While at war	Not While		JURY (Hame, form et, affice bldg , etc.)		(City or town)	(Count	Y) (S	State)
saw the d	fy that (I) (this har		ded the decepsed fra	mthat deat	h accurred at	9.6.5 to	fram causes	and an the		
22a. SIGNATURE	John	13.1	Davis,	M.D. PH	TENDING D	MED. DIRECTOR [STAFF PHYS.	22b. DATI	166	
NAME (Type)	JOHN B.	DAVIS,	M. D.			ADWAY,	FROSTBU	RG, MD		
23a BURIAL, CREMATIC BULLIAL Specify	NOV. 1		FB G. MEMOR				ATION (City or Tov STBURG.	, ,	ounty) (St	rote)

DATE

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached far use as the burnol-transit permit. Then piecse remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state Dept.

JOSEPH R. DURST, SR., FROSTBURG, MD.

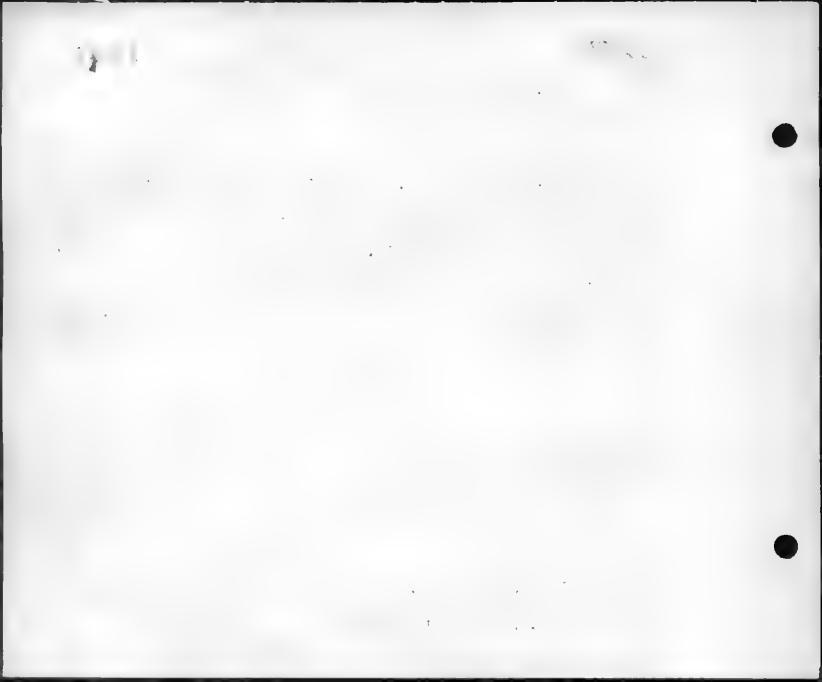
Vand 2

ond completely filled in by the funeral remove corbon popers. Pages Fand

be executed within 24 hours after

mayims that the leath certificate

O HOSPITAL OF ATTENDING PHYSICIAN: The low



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14965 the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b COUNTY ALLEGANY ALLEGANY MARYLAND ve carban papers. Pages I event, within 72 haurs after MARYLAND e executed within 24 haurs after b CITY OR TOWN (If outside corporate limits, c. LENGTH DE STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA, and give nearest fown) 26 DAYS CUMBERLAND **CUMBERLAND** d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? campletely filled in d STREET ADDRESS RT 3 BEDFORD RD. MEMORIAL HOSPITAL YES NO EX NAME OF carban First Middle Lost 4. DATE Month Year Dov DECEASED OF DEATH WILLIAM NOVEMBER 66 H. DERRICK 19 (Type or print) AGE (in years 1F JNDER 24 HRS S SEX 1F UNDER YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH lust purthday) Dovs Hours 4-4-95/1894 and in any WIDOWED DIVORCED MALE WHITE 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreig# (dgntry) 12. CITIZEN DE WHAT SUNTRYS. please during mastatwacking intereversif retired) - + INDUSTRY Pail road MARYLAND G-vare 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, attending phys REED. ALICE HARRY DERRICK the death cert 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service CUMBERLAND. MD. MEMORIAL HOSPITAL. crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per lame for (o), (b). signed by the burial-transit p burial, crematin PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE to 'O HOSPITAL OR ATTENDING PHYSICIAN: The law renuires the lang be retained by the haspital or attending physician. 422.1 DHE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO for use as the k f Health priar tab stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT-NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160) NO TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) DR CONTRIBUTING CAUSE OF DEATH etached Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg, etc.) NotWhile State ot work ot work pe 21. I certify that (1) (this haspital) attended the deceased fram director, page 3 shauld shauld be filed with the 2/6/19 M. fram touses and an the date stated above. and that death occurred at saw the deceased alive an 226. SIGNATURE 22b. DATE SIGNED PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c-PHYSICIAN'S NAME (Type) CUMBER! AND WILLIAMS 23c NAME OF CEMETERY OR CREMATORY

Hallcrest

Purial Park

23d. LOCATION (City or Town)

Cumberland Md.

(County)

Allegans

(Stote)

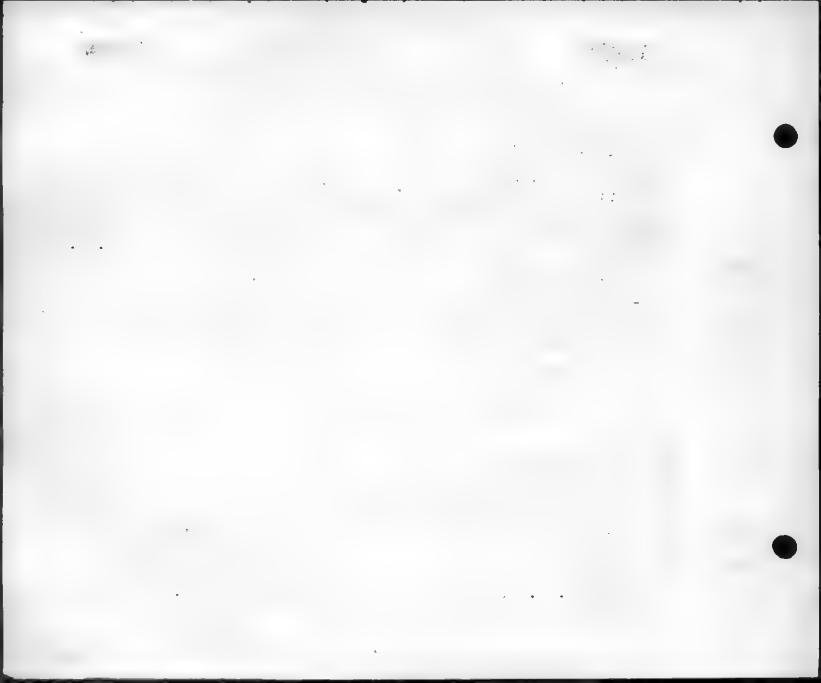
VR A15 (4) 20 M 1/66

23o. BURIAL CREMATION,

TREMOVAL (Specify)

23b DATE THEREOF

7066



FOR STATE HEALTH DEPT.

cessary, TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to barial, cremation, or removal, and in-suy event within 72 hours after death. may | O DEPUTY MED EXAMINER: This certificate word "be executed midlin 24 mours after menth. If mny melay please executed and the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files. TO DEPUTY MED

> VR A15ME (5) 5M 1/65

I

MARYLAND STATE DEPARTMENT OF HEALTH

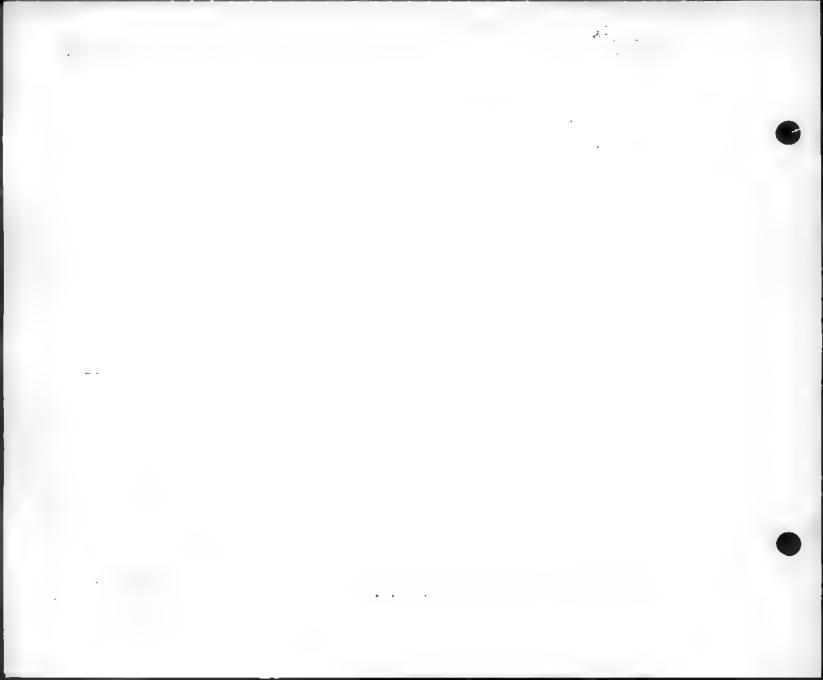
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14200 MED	HUAL EXAMINER S	GERTIFICATI	E UF D	CAID	5 871	X	
1.	PLACE OF DEATH		2. USUAL RESIDENC	E (Where decer	sed lived, If Institu	tion: Residence	before admission)	
	a. COUNTY		a. STATE	Ear Corne	b. COUNTY	llegany		
	b. CITY OR TOWN (If outside corporate lim	MARYLANO mits. c. Length of Stay in 1b		ryland			a nearest town)	
	write RURAL and give nearest town)	ints, C. LENGTH OF STATEM IN	C. CITT ON TOWN (II	outside corpe	dere mura, mura	HANDER ON BU	2 11001001 101119	
	Cumberland	DOA	Fli	ntstone)	J .	. /	
	d. NAME OF HOSPITAL OR INSTITUTION (II	not In hospital, give street address	d. STREET AODRESS			0	. IS RESIDENCE ON A FARM?	
	37	14.3	Da	ute	2		ES NO	
3.	Memorial Hospi				Month	Day	Year	
٥.	MECEASED	Middle	Last	4. DATE OF	MONTH		1eai	
	(Type or print) Bradye	e Herbert	Dolly	DEATH	November		19 66	
5.	SEX 6. COLOR OR RACE 7. M	MARRIEO X NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (in years IFL last birthday) Mo	UNDER 1 YEAR	Hours Min.	
	Male White W	IDOWED DIVORCED	June 7. 190	16	60 утв.	onths Days	nours win.	
10a	. USUAL OCCUPATION (Give kind of work done	٠ اسبا	11. BIRTHPLACE (S		3	12. CITIZEN	JF WHAT	
dur	ing most of working life, even if retired)	INDUSTRY				COUNTRY		
	Farmer	Self Employed	West Vi	rginia		US	<u>A</u>	
13.	FATHER'S NAME		14. MOTHER'S MAIL	JEN NAME				
	George Est	ton Dolly	Mar	y Weims	er			
15	. WAS DECEASED EVER IN U.S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. 17		Al-	Address			
(1)	s, no, or unknwn) (If yes pive war or dates of servi		C 2 - 7 - 17	24.27	0	.a wa		
_	No l		<u>lemorial Hosp</u>)T fall	Cumberla		DETAIL DETAIL	
	18. CAUSE OF DEATH [Enter only one cau					ONS	RVAL BETWEEN ET AND DEATH LIDGEN	
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Coronar	y Occlusion	1		Si	udden	
	j OUE TO							
	Conditions M any which I	Coror	nary Scleros	sis				
	gave rise to immediate							
	cause (e), stetling the DUE TO							
	underlying cause test. (c)				PIANAIVEN INDA	120	WAS AUTOPSY	
ģ.	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE	CATED TO THE TERMINAL I	DISEASE COND	I I I ON GIVEN IN PAR	Kit(a) Ita	PERFORMED?	
CAT						YE	S 🔲 NO 🔀	
Ē	20a. EXTERNAL CAUSE WAS	2Db. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of	f injury in Par	t I or Part II of it	tem 18.)		
8	208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.							
3	2Dc. TIME OF INJURY Month, Oay, Year	20d, INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, fa	arm. 201. (C	Ity or town)	(County)	(State)	
30	Hour a.m.	While - Not While -	tory, street, office bldg., e		, .,,	(00000)	(
MEDICAL CERTIFICATION	p.m. 19	at work at work						
	21. I certify that I took charge of	the remains described above, h	eld an Autopsy ,	Inspection	X, Inquiry	🛣, and	in my opinion	
	death resulted from: Natural caus	ises XI. Accident 1. S	uicide . Homici	de 🗍. L	Indetermined ma	anner		
			CHIEF MEDICA					
	ACTUAL /00 1 . t	· Shite	/			22.	DATE SIGNED	
	SIGNATURE STREET	XIIII ()			X Novemb	er 22	1966	
	EXAMINER'S TOWN 25 4 COL	itarelic. M.D.			-			
	1.77.7				or coun Gum be			
23:	BURIAL, CREMATION, 23b. DATE THER REMOVAL (Specify)	REOF 23c. NAME OF CEMETE	RY OR GREMATORY	23d, LOC	ATION (City, town		(State)	
		1966 Hillcrest B	urial Park	Near	Cumberla	nd, ha	ryland	
24	FUNERAL DIRECTOR 1	1966 Hillcrest B	25a. RE	C'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGN		
17	John Ja Hafer Jrd 2	30 Balto Ave. Cum	berland has	3 5 1966	3 yClean	les Jud	ec.	
7=1	TOTAL OIL OIL OIL A	JO ZALCO RVG. OUM	OOT TOTTO DATE			0 0		



4.40 20

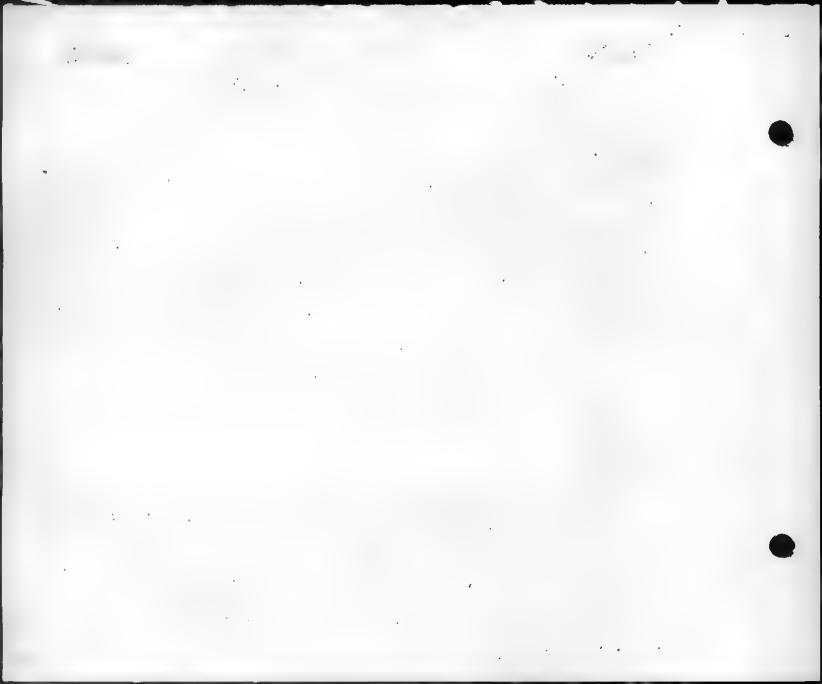
FOR S	STATE	2	14904	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	14940
IEALTH	DEPT.	Ä	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed lived, if institu	tion: Residence before admission)
ay is 3 ta Page	8	1	o. COUNTY Allegany	MARYLAND	o. STATE MT - 73	Il ra b. col	JNTY
P 3.9	den	1	b CITY OR TOWN (f outside corporate limits write RURAL and give nearest town)			tside carparate limits, write R.	JRAL and give nearest town)
and M3.	partm after (write RURAL and give nearest town) Frostburg	2 hours	Mt. C	~	1//
22 P	aff		d NAME OF HOSPITAL OR INSTITUT ON (If no	of in hospital, give street address)	d STREET AODRESS		e IS RESIDENCE
after death If to 8. Give Pages 1, along with farm	State Department 2 haurs after deg		Miner's Hospital				ON A FARM? YES NO X
after death 3. Give Page: alang with fo	Stal 2 h	3		rst Middle	Lost	4 DATE Novemi	ith Doy Year
ter de Give P ang wi	The 7		DECEASED (Type or print) Mary	Helen Do	man	OF NOVEMA	per 15 1956
ffer Gng lang	with the	5	SEX 6 COLOR OR RACE		B DATE OF BIRTH	9 AGE (In years	Months Days Hours Man
75 0 70 0 100 0	2 × ×		Fe ale Tite	WIDOWED T DIVORCED	0/13/1381	last birthday) 85 yrs	Months Days Hours Min
haurs Item 18 Office	land 2 with the State De event within 72 haurs	10 du	USUAL OCCUPATION (Give kind of work done ing most of worklyng life event fetued)	10b KIND OF BUSINESS OR NDUSTRY 2007 € 7	11 BIRTHPLACE (Stote	or fore gn_country)	12 CIT ZEN OF WHAT COUNTRY?
n 21 I in ner's	bages 1	- L			14 MOTHER'S MAIDEN	NAME	
within 21 n pencl in Examiner's			FATHERS NAME John Frid	are		th (Doman)	
	(I)	15	WAS DECEASED EVER NUS ARMED FORCES?	16 SOCIAL SECURITY NO 17	INFORMANT	Add	
citte Jical		(Y	es no, or unknown) (If yes give were or dotes o	of service) 20-5 1-104~	Dies Fri	12 14 17 17	r, r, l, d
be exec≡ted "pending'ir nief Medical	ansit permit		1B. CAUSE OF DEATH (Enter only one cou	ise per line for (o), (b), and (c).)			INTERVAL BETWEEN
be "pe	ar r		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(o) Lober Preumo	nie		ONSET AND DEATH
ward ward the C	burial-transit matian, ar re		4/90 X DUE	TO		,	
sh e sh	ouria natic		rice to immediate couce (o)	(b) (Debility an	d Emaciation	1)	
certificate writing the rwarded to	p @		stoting the underlying couse				
in the second	d as		lost)	(c)			DO DAY & TORKY
This certificate shmuld be execmter cate, writing the ward "pending" be farwarded ta the Chief Medical		8	PART II OTHER S GNIFICANT CONDITIONS CO	ONTR BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDIFION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED?
This icate be f	\$ £	E E	20o EXTERNAL CAUSE WAS	206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of nurs in	Port Lor Port Lof stem IR)	YES NO X
ER: This certificate, auld be fa	aur files. ge 3 shauld be agent, priar to	CERTIFICATION	PRIMARY Or CONTRIBUTING CAUSE OF DEATH	TO DESCRIBE HOW INDOM OCCURRED	(Elect Foreign of Alphy III	100.101101110111011101110)	
e ee	files 3 sho nt, 1	MEDICAL	20c T ME OF INJURY Month, Ooy, Year	20d IN. JRY OCCURRED 20e PLA	ACE OF INJURY (Home, form	n, 20f (City or town)	(County) (State)
# ± +	ge d	WED	Hour o.m. p.m. 19	While Not While for	ctory, street, office bldg., etc.		
age Care	Fed Park			e of the remains described above, hi	eld on Autopsy [].	Inspection 🟋 Inc	uiry 📆, ond in my opinion
FAL exe or. F	may be retained for your FUNERAL DIRECTOR: Page salth or its designated age			ol couses 📆 Accident 🔲 Sus			
please direct	IREC desi					EXAMINER	_
트용등	is is		SIGNATURE Bonedu	to ketaralia		ICAL EXAMINER [22. DATE SIGNED
IPUTY SSany, I	S A P		EXAMINER'S	OKTENDET TO ME	DEPUTY MEDICA	AL EXAMINER X NOVE	nber 15, 1966
a DIPUT necessary, the funera	FUNE Fealth			SKITARELIC, M.D.			rland, Maryland
nece the	70 F	23	BURIAL, CREMATION, 236 DATE THE REMOVAL (Specify) 7	EREOF 23c. NAME OF CEMETERY OR Ebenezer C		Romney, H	own) (County) (Stote) ampshire, HVa.
		2	I. FUNERAL DIRECTOR	. ADDRESS	250 REC		EGISTRAR'S SIGNATURE
	8 A15ME (5) 6M 1/66		Wate H. M.	Hee Augusta,	M Va. DATEDE		Charles Judge
		_					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2≡ ho⊡rs after de⊞th. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The permit seemove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION OF	STATISTICAL	MARYL	AND STATE DE	DEP	ARTMENT O	F HEALT	H C. BALTIMOI	2F 1 M	ARYLAND	
	14968	01111011011	Never II.			OF DEAT		i, basimo.	140	71	
1.	PLACE OF DEATH		_		1	2. USUAL RESIDE	NCE (Where deci			idence before ac	lmission)
	a. COUNTY Alle	geny		MARYLAN	en	a. STATE Ma	ryland	p. coun	r Gar	rett	1
	b. CITY DR TOWN (if out	tside corporate lin	iits, c.	LENGTH OF STAY IN		c. CITY OR TOWN (0		te RURAL a	nd give neares	st town)
	Frostburg	II.		1 Day		Grantsv	illo,	Manyl o	nd	F*	
	d. NAME OF HOSPITAL O	R INSTITUTION (if	not in hospit	al, give street addre	ess)	d. STREET ADDRES		<u> </u>		e. IS RES	
	Miners Ho	sp.									NO 🖾
3.	NAME OF DECEASED	First		Middle	_	Last	4. DATE	Month		Day Yea	
	(Type or print)	ELLIS	i i	(r		URST	OF DEATH	Nov.		2 19	2 7
5.	SEX 6. COL	OR OR RACE 7. M	ARRIED 🔀	NEVER MARRIED] 8.		9.	AGE (In years last birthday)	FUNDER 1	YEAR IF UNDER	
_			DOWED	DIVORCED	[Oct. 18,		yrs.			
1Da. duri	. USUAL OCCUPATION (GIVING most of working life,	e kind of work done even if retired)	10b. KIND (OF BUSINESS OR STRY		11. BIRTHPLACE (COU	IZEN OF WHAT	
- 0	Laber -di	sabled	haki			Garrett		id.	U.s.	J.A.	
13.	FATHER'S NAME					14. MOTHER'S MA					
15		LL DURS				DELLA E	BROADWA				
(Ye:	WAS DECEASED EVER IN I	J.S. ARMEU FORGES ive war or dates of servi	ce)			NFDRMANT		Address		7	
	110		1 / -		Lin	s Regina	Durat	Grant,	CVIL		
	18. CAUSE OF DEATH I		se per line fo	or (a), (b), and (c).]	4					INTERVAL BE DNSET AND	
		DIATE CAUSE (a)_	acis	te bras	1	signal	post				
	5 74/	DUE TO	-	a 0	-yla	signal	10			31.	
	Conditions, If any, wh gave rise to immedi	late /	Cere	brail as	20	nosel	arrain.	-		J-car	Y'L
	cause (a), stating underlying cause last,	the DUE TO									
NO.	PART II. OTHER SIGNIFIC	(c)_ ANT CONDITIONS C	ONTRIBUTING	G TO DEATH BUT NOT	RELATI	FD TO THE TERMINAL	DISEASE COND	ITION GIVEN IN E	ART 1(a)	119. WAS AU	TDPSY
CATI		_							, ,	PERFOR	
CERTIFICATION	2Da. ACCIDENT WAS UN	DERLYING []	20b. DESC	RIBE HOW INJURY O	OCCUR	RED. (Enter nature	of Injury in Par	rt I or Part II of	Item 18.)	153	145
CER.	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEATH DICAL EXAMINER)									
CAL	2Dc. TIME DF INJURY	Month, Day, Year	20d. INJUR	Y DCCURRED 2De.	PLACE	DF INJURY (Home,	farm, 2Df. (0	City or town)	(Count	ty) (S	State)
MEDICAL	Hour a.m.	19	While at work	Not While	actory,	, street, office bldg.,	etc.)				
-	21. I certify that ((I) (this hospital)			2	22	1946 to	nov. 30	. 1944	_ that (I) (v	ve) last
	saw the deceased					leath occurred at					
	22a. SIGNATURE	. 1	1						22b. DAT		
	9.70	uge H	Trong		M.D.	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	nov.	.30,19	100
	22c. PHYSICIAN'S NAME (Type)	A PATGE	SIRO	(G		22d. ADDRESS	Prosti	zura, Fi	A.	3. 4	
1											
ZJa.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THERE		C. NAME OF CEMET				CATION (City, to			ate)
24.	/FUNERAL DIRECTOR	12/2/	ب ا د	irantsvil	TTE) 25a. R	TODRY REGIS	Ville,G	PARTE	SIGNATURE	911'40

VR AIS (4) 20M I/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEA	ARCH AND RECORDS, 301	W. PRESTON STRE	ET, BALTIMORE, MARYLAI	ND 21201					
14969	CERTIFICATE	OF DEATH		14972					
1 PLACE OF DEATH			here deceased lived, if institution	. Residence befare admission)					
a. COUNTY ALLEGANY	MARYLAND	g STATE MARY	F.ANT) b county	ALLEGANY					
b CITY OR TOWN (If autside carparate limits.	c LENGTH OF STAY IN 16		side carparate limits, write RURAL						
FROSTBURG	12 DAYS	FROS	TBURG						
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, o		d STREET ADDRESS	I DORG	e. IS RESIDENCE ON A FARM2					
MINERS HOSPITAL	,,	OTDYM	OD HAMES	ON A FARM?					
3. NAME OF First	Middle	Last	ER HOTET. 4. DATE Manth	Day Year					
DECEACED			OF STORMS						
(Type or print) S SEX 6 COLOR OR RACE 7 MARRIED	CECIL	ENGLE	P AGE (In years	F UNDER 1 YEAR 1F UNDER 24 HRS.					
S SEX 6 COLOR OR RACE 7 MARRIED WHITE WIDOWED		3. date of birth ULY 29, 189	loct highday) Ta	Manths Days Haurs Min.					
	ND OF BUSINESS OR	11. BIRTHPLACE (County	3. State, ar fareign country)	12 CITIZEN OF WHAT					
during mast of warking life, even if retired) RETIRED BUTCHER	DUSTRY MARKET	MARYLAND		COJNTRY?					
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME						
JAMES ENGLE		DEDEC	TA TIATITUTE						
15. WAS DECEASED EVER IN ILS ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. H	NFORMANT	CA HARDEN Address						
(Yes, na, ar unknown) (If yes give war ar dates of service)	-32-2841 MRS	TAMES OF O	TO THE TOTAL TOTAL	MD.					
		OLO	SE, FROSTBURG,	INTERVAL BETWEEN					
PART I DEATH WAS CAUSED BY									
14 X DUE TO DUE TO									
Goodware Harry which arms > 0 To 1 = S - 10 = To 1 = S									
rise to immediate cause (a),									
stating the underlying cause	. La La	100	1.to mallix	fuel -					
last. (c)	persena	on and	actes //www	19 WAS AUTOPSY					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TOY DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CON	DIT ON GIVEN IN PART 1(a)	PERFORMED?					
3 Ventral incie	const her		rulaity	YES NO 🔀					
200 ACC DENT WAS JNDERLYING D OR CONTRIBUTING D CASE OF DEATH (IF ETHER DATE FOR DEATH (IF ETHER DATE FOR DEATH OF CONTRIBUTION D CASES OF	SCRIBE HOW HIJURY OCCURRED.	timer nature of injury in	art I of Part II of them (8)						
	rollioses f	- liver							
		CF OF INJURY (Hame, farm ory, street, affice bldg, etc.)	20f (City ar town)	(County) (State)					
Haur a.m. 19 While at war		ory, street, diffice bidy , etc.)							
21 I certify that (I) (this hospital) atten	ded the deceased fram	10-24 1	9.66, ta 1/-7	_, 19 <u>66</u> , that (I) (we) las					
saw the deceased alive an	7 1966, and that	t death accurred at	11 A M, from causes an	d an the date stated above					
22a. SIGNATURE	0 11	ATTENDING	MED. STAFF	22b. DATE SIGNED					
	Seell M.D). PHYS. XXI	DIRECTOR PHYS.	11-8-66					
22c. PHYSICIAN'S	D	22d. ADDRESS	TN CM TWOCHNE	מות אווי					
NAME (Type) H. C. BIEHL, M.	n.	1 27 W. MA	IN ST., FROSTBU	IRG, PD.					
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	CREMATORY	23d LOCATION (City or Town) (Caunty) (State)					
BURLAL (Specify) NOV. 10 166	F'BG. MEMORIA	L PARK	FROSTBURG, M	D.					
24. FUNERAL DIRECTOR	ADDRESS	2Sa. RECT	BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE					
JOSEPH R. DURST, SR., FRO	STBURG, MD.	DATE	VOV 1 0 1966	Michaeles Judge					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please 1 move carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, an initially event, within 72 hours after decay.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate by executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.



FOR STATE HEALTH

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, set 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiners Office along with form PM3. Page

MINITAL INTERIOR: This certificate should be executed within 24 hours after death 1f any delay is

DEPT.

o burial-transit permit. File pages I and 2 with the State Department of

Heolth or its designated agent, prior to burial, cremation, or removal and in any event within 72 hours ofter death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14973

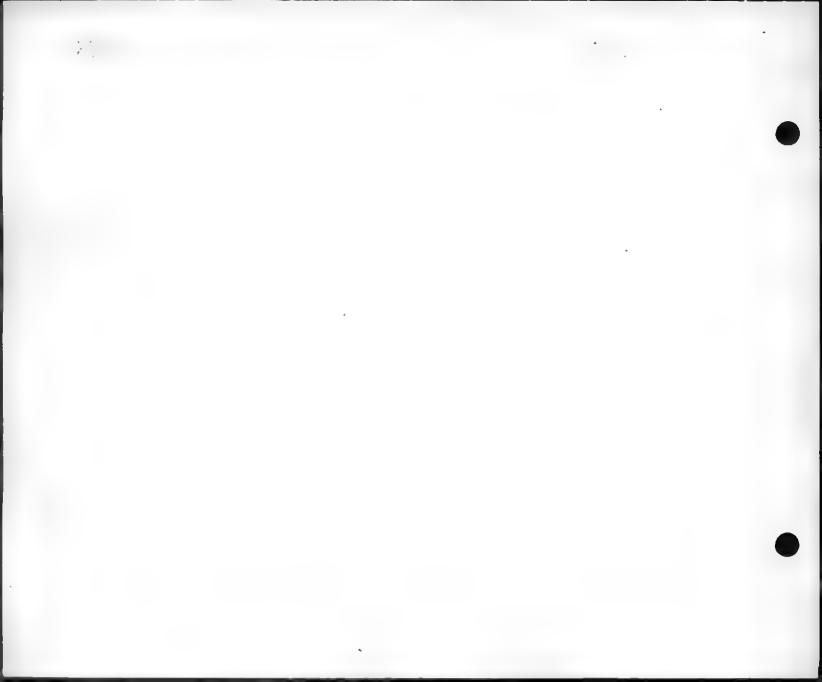
	AHOU										* * 6	<i>)</i>		
	PLACE OF DEATH							2 USUAL RESIDENCE (Where de	ceosed ved, finstitu	tion Residen	nce before	odmissio	n) /
	O COUNTY ALL	legany				MARY.	A N.D.	o STATE Mary	lan	a P COL	Princ	ce C	or '	'es
		If outs de corporate limi	ts.		(LF	MGTH OF STAY N		c C Ty OR TOWN (If a		porote limits write R.	RAL ond giv	e neprest	town)	- 10
	write RURAL on	give neorest town)	-/			Days				t, harvl		- / / 21	. *	
		AL OR INSTITUT ON (If r	iot in h	ospital, g	ive str	eet oddress)		d STREET ADDRESS				e	S RES C	
		al Hospit:	al	-				2 E.	Wes	tway		Y	ES	NO P
	NAME OF	F	ırst			Middle		LO5↑	4 DA	TE Mon	ith	Day	Yeo	
	DECEASED (Type or print)	1	4ar	V		Marga	ret	Foley	OF DE	ATH No	V.	6	19 6	56
	SEX	6 CO.OR OR RACE	7 N	ARRIED	[2]	NEVER MARRIED		8 DATE OF BIRTH		9 AGE (In years	F UNDER		F JNDER	
_	e Tale	White		DOWED		DIVORCED		Dec. 11, 1	_	7 Jost birthday)	Months	Doys	Hours	Mir
		(Give kind of work done	è	1160	NUCTOR	BUSINESS OR		11 BIRTHPLACE (Stote				TIZEN OF TOUNTRY?		
UN.	ing most of working Houserals	e even ii reineu)		, C	DUSTRY WII	Home		Midland,	Ma:	ryland	1	/VITTR7 ?	US	A
	FATHER'S NAME							14 MOTHER'S MAIDEN	NAME					
	Dota	ick Creeg	อท					Anne	Kan	ny				
15.		R NUS ARMED FORCES		16 5	OC AL	SECURITY NO	17.	NFORMANT	- (2	Addr	ess			
	es, no, or unknown)	(If yes give wor or dotes					1.	. John J. F	701 a	r Granh	elt.	Md. F	fush	ลทเ
_	no						11.	OOMIL OF T	. 01.6	1 010 110	V 36 V 1			
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) INTERVAL BETWEE										WEEN EATH			
	42.1		E TO		-									
	Cond'tions, if ony, which gove) (b) CORONARY SCLEROSIS									11				
	rise to immediat	e couse (o),	E TO									1		
	stoting the unde	rlying couse	(c)											
ATION	PART II OTHER SI	GNIFICANT CONDITIONS	CONTRI	BUTING T	O DEAT	IR BUT MOT RELA	TED TO	THE TERMINAL DISEASE COL	ND T ON	G VEN N PART 1(o)		19 YES	WAS AUTO PERFORMI	PSY D? NO
CERT FICATION	2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED PRIMARY TO or CONTRIBUTING TO CAUSE OF DEATH						(Enter nature of injury in	Port I or	Port II of tem 1B)					
MEDICAL	2Dt T.ME OF INJU Hour or	JRY Month, Doy, Year n. 19	1	2Dd IN While of work		OCCURRED :		CE OF NJURY (Home, form ory, street, office bldg , etc		Of (City or town)	((0)	unty)	ĺ	Stote)
	21. I certif	v that I took chara	ie of				ve. he	ld on Autopsy 🗍 ,	Insp	ection X, Ing	uiry X,	ond	in my	opini
	deoth result		-	_		Accident .		ide , Homicide	-			-		- p
	deoth resulted from: Noturol couses (2), Accident (3), Suicide (5), Homicide (6), Undetermined monner (7)													
	ACTUAL SIGNATURE	Benedi	cl	Sk	pul	arele		MD ASSISTANT MED	DICAL EXA	MINER DOV	.6,106	66 27	2. DATE	SIGNI
	FYAMINER'S	or. R nodi	ct	Ski	ter	elio, M	.D.	DEPUTY MEDICA Address (Street			t.,Cir	. 77	and	, M
23c	BURIAL, CREMATIC		EREOF		1 23c	NAME OF CEMET	ERY OR	CREMATORY	23d	LOCATION (City or To	own)	(County)	(\$1	ote)
F	REMOVAL (Spec fy			166				Cematary		mberland.	Md.Al	llem	any	
24	FUNERAL DIRECTO	R	,	a		ADDRESS	-	2So RECT		ISTRAR 2Sb R	EGISTRARS S	GNATURE	0	
	James F.	Scarpell	3.9	Cumb	er	land, M	d.	DATE	NOV	1 0 1966	fille	mees	Jus	4

VR A15ME (5)

TO FUNERAL DIRECTOR: Page 3 should be used as

5 moy be retoined for your files.

TO DEPUTY



poges land 2 without State Deportment of in ony event within 72 hours after death.

P.M.3 Page

deloy is

in penal in Item 18 Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours ofter deoth 1f

"pending"

necessory, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health or its designated agent, prior to burial, cremation, or removal, and MARYLAND STATE DEPARTMENT OF HEALTH

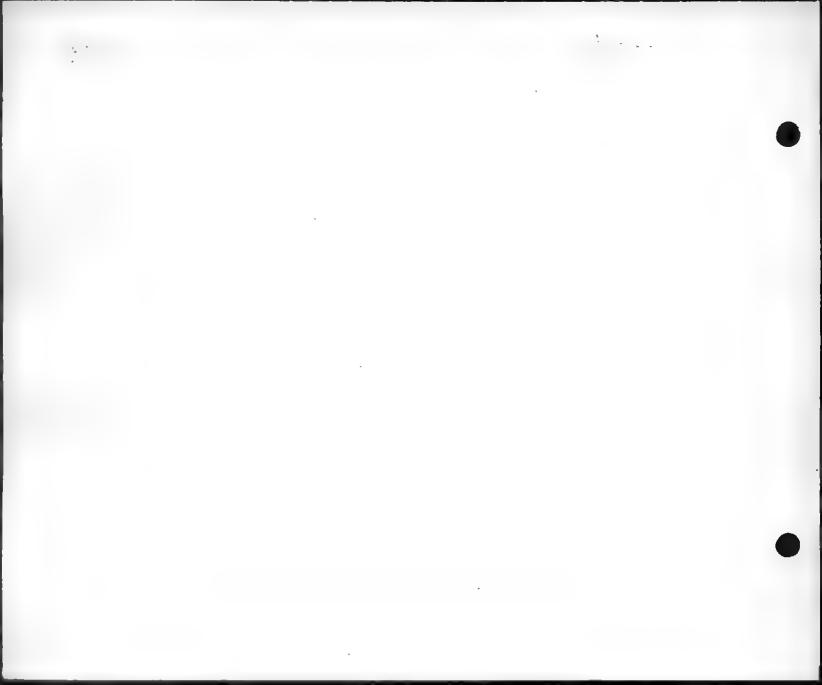
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14971 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14974

		LACE OF DEATH COUNTY	llegany		MARY, AND	- 11	o STATE Mer	(Where dec	teased ved, if nsti d b ((ALLES TO C	ice before odmis I e manjr	sion}
	b	CITY DR TOWN (I-	outs de corporate l'mit give neorest tawn)	s,	c LENGTH OF STAY IN 16		CTY DR TOWN (F o	RuRAL and giv	e neorest town)			
								ilu, eu	land		11.1	
/1	d	d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address)					STREET ADDRESS				e IS RES	FARM?
		126 South Street 126 South Street										NO [2]
	D	AME OF ECEASED		st enico	Middle Lonenza	₽~	lost ange	onth Tota		^{(ear} 66		
	S SE	Type or print)								ER 24 HRS		
				7 MARRIED		_	ATE OF BIRTH	0.07	9 AGE (In years	Months		
		Mole	Thite	WIDDWED [DIVORCED		t. 26, 1		yrs yrs		7 7711 00	
	during most of working the even if retired) MOUSTRY										TIZEN OF WHAT	
											0.52	
	15. 1	13. FATHER'S MAME										
	16 1	Natale Franze Catherine Semenario Is. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address									-	
	(Yes,	, no, or unknown}	(If yes give wor or dates	of service)	05-07-6635		. Ixura	Ti	7 14		J 3/1 - 1.	13.62
		no	Am. 10			In as E	• J.k. u.r.a.	E L.	v 3, 0 mil) is T. C. (I.)	-	
		1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Coronary Occlusion Sudden										DEATH
		f 20 DUE TO Coronary Sclerosis										
		Conditions, fony,		(b)	C	oron	ary Sci	eros	ls			
		rise to immediate stating the under		TO								
		last. (c)										
	<u> </u>	PART I OTHER S G	INIFICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE	TERMINAL DISEASE CO	ONDITION G	IVEN IN PART 1(0)		19 WAS AU PERFOR	TOPSY
7	ATIO										YES 🗌	NO 🐴
	PERFORMED? YES NO [200 EXTERNAL CAUSE WAS 20b DESCRIBE HDW INJURY DCCURRED (Enter noture of injury in Part I or Port II of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH.											
	7 h	20c TIME OF No.	RY Month, Day, Year	20d INJ	URY OCCURRED 20e	PLACE O	F NJURY (Home, far	m, 201	f (City or town)	(Co	unty)	(State)
	WED	Hour om	10	While	Nat While D	foctory,	treet, office bldg , etc	()				
						held o	n Autonsy	Inspe	ction X In	quiry XX	ond in my	opinion
	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ond in my opinion death resulted from: Natural courses , Accident , Suicide , Hamicide , Undetermined manner											
		CHIEF MEDICAL EXAMINER										
SIGNATURE Develot Statarole M.D. ASSISTANT MEDICAL EXAMINER Nov. 4, 1966 22. DA									66 22. DAT	E SIGNED		
		EXAMINER'S -	D 3.	-1 (1)-1	M		DEPLITY MEDIC	CAL EXAMIN	FP A			
7		NAME (Type)			tarelic, M.				vn, or county) R1			
	230.	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE TH		23c. NAME OF CEMETERY				LOCATION (City or			
]	REMOVAL (Specify)	Nov.7,		St. Patri	.ck -			umberlar	id,Md.	-Allega	ny
	24.	James E	. Scarnel	li. Cur	address nberland, M	а		D BY REGI	0 1966	REGISTRAR'S S	PLEO SIL	dale
			4	,		CE a	DATE	NOV 1	OODI U I	ſŗ.		V

VR A15ME (5)



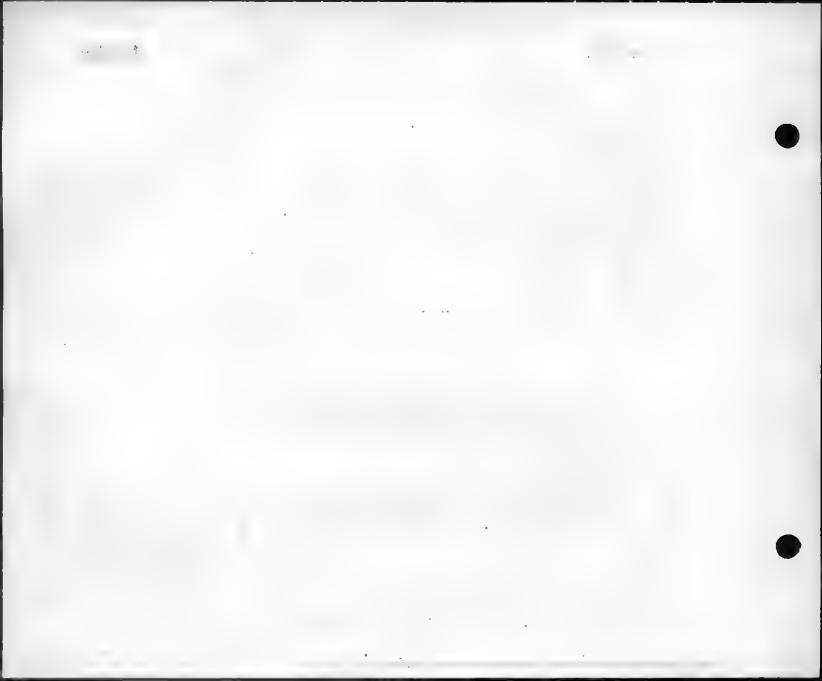
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14972		CERTIFICATE		1 4	1975
1,	PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND		Where deceased lived, if institution Res RYT.AND b. COUNTY	ALLEGANY
	write RURAL and FROSTB	outside corporate limits, give nearest town) URG OR INSTITUTION (If not in hospita	D. O. A.	,	utside carporate limits, write RURAL and OSTBURG	LA IS DESIDENCE
		HOSPITAL	, give street oddress)		OST VILLAGE	ON A FARM? YES NO T
3	NAME OF DECEASED (Type or print)	First JENNIE	Middle A	lost FULLER	4 DATE Month OF NOVEMBE	Doy Year ER 6, 1966
	SEX FEMALE	6 COLOR OR RACE 7. MARRIED WIDOWE		JULY 16, 18	land to the day of the same	IDER I YEAR IF UNDER 24 HRS. ths Doys Hours Min.
đυ	o USUA, OCCUPATION Oring most of working I HOUSE WI RATHER'S NAME	(Give kind of work done 10b le, eyen if retired) OR K	KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (County MARYLAN 14. MOTHER'S MAIDEN	D	2 CITIZEN OF WHAT COUNTRY? U.S.A.
		NDERSON		VIOLA FA		
19	WAS DECEASED EVER fes, no, or unknown)	If your many your and dates of yourself		NFORMANT RRY FULLER,	Address 7 FROSTBURG, MD.	BAPTIST ST.,
F		ATH (Enter only one couse per line for the transfer of the tra	or (0), (b), and (c).)	brom 6	pois	INTERVAL BETWEEN
	Conditions, if ony, rise to immediate stating the underloss.	which gove (b) (b)	terio-Sch	erotic i	heartdisiase	
ATION	PART II. OTHER SIG	NIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED? YES NO
CERTIFICATION		□ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I or Part II of item 18.)	
MEDICAL	p.m	19 Who	ale Not While of foctor	CE OF INJURY (Home, form ory, street, office bldg, etc.)	(County) (State)
	saw the de	y that (I) (this hospita l) atte	ended the deceased from	// 2 t death occurred at	1966, ta 11-6, EA:M, fram causes and c	on the date stated above
	22o SIGNATURE	Heil	Dielel MI	1711.5	MED STAFF DIRECTOR PHYS. 22	b date signed.
	22c. PHYSICIAN'S NAME (Type)	H. C. DIEHL,	M. D.	22d. ADDRESS 39 W. M	AIN ST., FROSTBUR	IG. MD.
23	BO. BURIAL, CREMATIO REMOVAL (Specify) BURTAL		23c NAME OF CEMETERY OR F BG. MEMORI		23d LOCATION (City or Town) FROSTBURG, MD	(County) (State)
2	24. FUNERAL DIRECTOR JOSEPH 1		ADDRESS ROSTBURG, MD.		D BY REGISTRAR 2Sb REGISTRA	R'S SIGNATURE Clianley Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial transit permit, then please remave carbon papers. Pages I and should be filed with the State Dept. at Health priar to burial, crematian, or period, and in any event, within 72 haurs after dept.

VR AT5 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) **b** COUNTY VIRGINIA MARYLAND b. CITY OR TOWN (If autside carparote limits, CLUBIGTH-PROSAY IN 1P c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) CUMBERLAND! PAW PAW MIN. INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO K Postmaster 0/0 3 NAME OF First Middle Lost 4 DATE Month Year DECEASED 0F GILLAM NOV. DRUSILLA 66 M (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B DATE OF BIRTH 9. AGE (In years (as birthday) Hours FEMALE WHITE DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY WEST VIRGINIA Housewife
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HAZEL RAGINER BENJAMIN BOHRER 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war ar dates at service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 232-26-6307 MEMORIAL HOSPITAL. CUMBERLAND. MD. 18 CAUSE OF DEATH (Enter only one cause per sine for (a), PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE **DUE TO** Canditians, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING III CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While at work at wark 21. I certify that (I) (this haspital) attended the deceased fram 19(m. L., that (1) (we) last 1966, and that death accurred of M, from couses and an the date stated above. saw the deceased alive on____ LUN 220 SIGNATURE 22b. DATE SIGNED MED.— DIRECTOR STAFF PHYS. M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S

MMF1 WRIGHT

Woodrow Cem.

popers. Poges 1 H and completely fi and in any event, please physician burial, cremotion, or removal, permit. burial-tronsit signed by Page 4 may be retained by the hospital or attending physicion. age a snould be detached for use as the filed with the State Dept. of Health prior to hos TO FUNERAL DIRECTOR: After director, poge shall be filed VR A15 (4) 20 M 1/66

death puo

S SEX

last.

NAME (Type)

BURIAL CREMATION

REMOVAL (Specify)

CERTIFICATION

MEDICAL

≘.

The low requires that the death certificate be executed within 24 hours after death

Homes Berkeley Springs

1966

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Paw Paw.

AVE.

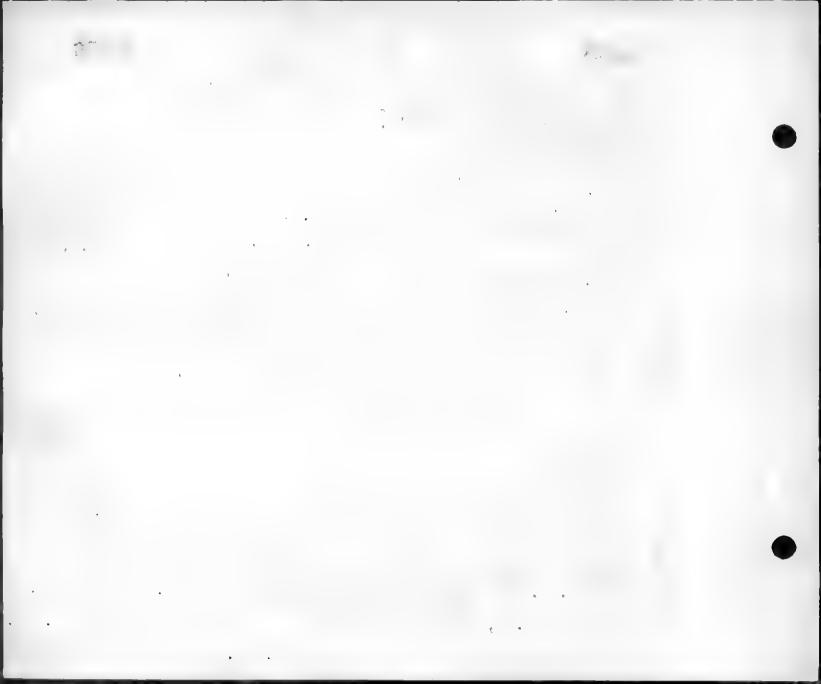
133 VIRGINIA

250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE

CUMBERL

(Stote)

Va.



with the State Department of **O FUNERAL DIRECTOR**: Page 3 should be used as a bural-transit permit. File pages. Tand 2 with the State Department of Health or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

the funeral director. Page 4 should be forworded to the Chief Medical Examiner's 5 may be retained for your files.

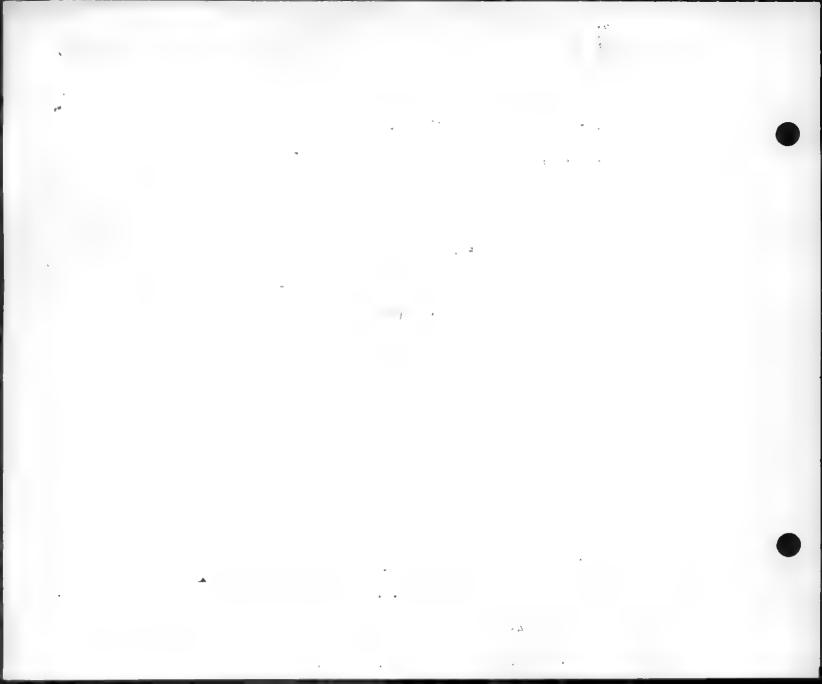
TO FUNERAL DIRECTOR: Page 3 should be used as a bur al-transit permit

necessory, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINES:

14974		MEDI	CAL EXAMINER'S	CEKTIFICATE C	JF DEATH		1497	1-7	
I. PLACE OF DEATH				2 USUAL RESIDENCE	Where deceased lived		sidence befor	e admissia	an)
a COUNTY AT.T.	EGANY		MARYLAND	a. STATE MARYI	AND	b. COUNTY	ALLEG/	MY	
b CITY OR TOWN (If write RURAL and a	autside corparate I mi	†s,	C LENGTH OF STAY N 16	c CITY OR TOWN (If a		s write RURAL on	d g ve neares	t tawn)	
	HART		LIPETIME	ECKHA	RT		0.		
d NAME OF HOSP TAL		ot in haspital, giv	re street address)	d STREET ADDRESS		F	BOX	e IS RESID	DENCE
R.F	.D. 1. BO	X 579 F	ROSTBURG	FROST	BURG. R.F				NO 🔽
3 NAME OF		irs†	Midale	Last	4 DATE	Manth	Day	Уес	ar
DECEASED (Type or print)	HOWA	RD	WILLIAM	GUNTER	OF DEATH N	OVEMBER	1,	196	56
S. SEX	OLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years IFUI oirthday) Man	IDER 1 YEAR This Days	IF UNDER Haurs	R 24 HRS.
MALE	WHIT TEE	WIDOWED	DIVORCED	JUNE 6, 191		yrs	IIIS Duys	HUUTS	J 70 11,
10a USUAL OCCUPAT ON (D OF BUSINESS OR USTRY	11 BIRTHPLACE (State	ar fareign country)		2 CITIZEN OF COUNTRY?		
J ANITOR	e, even ir retired)	KELI	Y [¥] SPRINGFIELI	GRAHAMTOW	N. MARYLA	ND	U.S.A.		
13. FATHER S NAME				14 MOTHER'S MAIDEN					
HERE	ERT GUNTE	R		PARTOR DE LA	BIBER				
15 WAS DECEASED EVER (Yes, no, or unknown) [(1			OCIAL SECURITY NO 17	INFORMANT		Address		579,	MD.
NO	To a give war ar acres		-09-38 05 MRS	. HOWARD GU	NUER PRO	STEURG.	R.F.D		
	TH (Enter only one co	use per line far (d	a), (b), and (c).)			-	INT	ERVAL BET	WEEN
PAKI I DEATH	WAS CAUSED BY IMMEDIATE CAUSE	(o)	GUNSHOT O	F HEAD			S	SEL AND D	VAIT
16)	,	E TO							
Canditians, if any, v	(n) eaun	(p)	(SELF	INFLICTED)					
stating the underly		E TO							
last	,	(c)					7.10		- 70
PART 1 OTHER SIGN	F CANT CONDITIONS	CONTR BUT NG TO	OF DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ND TON GIVEN N PA	\RT 1(a)		WAS AUTO	
\$							Y	is X	NO [
200 EXTERNAL CAUSE OF DEATH		20b DESC	RIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part Lar Part Laf	tem 18)			
20c TIME OF INJUR Haur a m.	Manth, Day, Year			ACE OF INJURY (Hame, fari		or town)	(Caunty)	((State)
pm.	19	While at wark		nory, street, artice blag , etc					
21. I certify	that I took charg	ge of the remo	oins described obove, h	eld on Autopsy 🕱	Inspection 🛣	, Inquiry	📆, end	in my	opinion
deoth resulte	from Notes	ol couses 🔲	7 Accident 🔲, Sui	cide 🔼 , Homicide	Undeter	mined manne	r 🔲		
ACTUAL /	1	· 1. V	0-11) CHIEF MEDICAL	EXAMINER				
SIGNATURE	Zenede	ct XII	charelie	#1.U	DICAL EXAMINER [NT		22. DATE	PIONED
EXAMINER'S NAME (Type)	BENEDICT	SKITARE	IIC, M.D.		AL EXAMINER				
23a BURIAL, CREMATION	23b DATE TH	tereof .	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION	(City or Town)	(County) (5	tote)
REMOVAL (Specify)	NOV.A	1966	ECKHART CEME		HCKHA			ARYT.A	MD
24 AFUNERAL DIRECTOR	SOWERS	TATATATA	ADDRESS		D BY REG STRAR	256 REGISTRA			
		BAFER EU	NERAL HOME		NOV 7	1866 🔏	Marile	1 100	das

VR A15ME (5)



P.M.3. Page

in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours after death. If

"pending"

necessary, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

delay 15

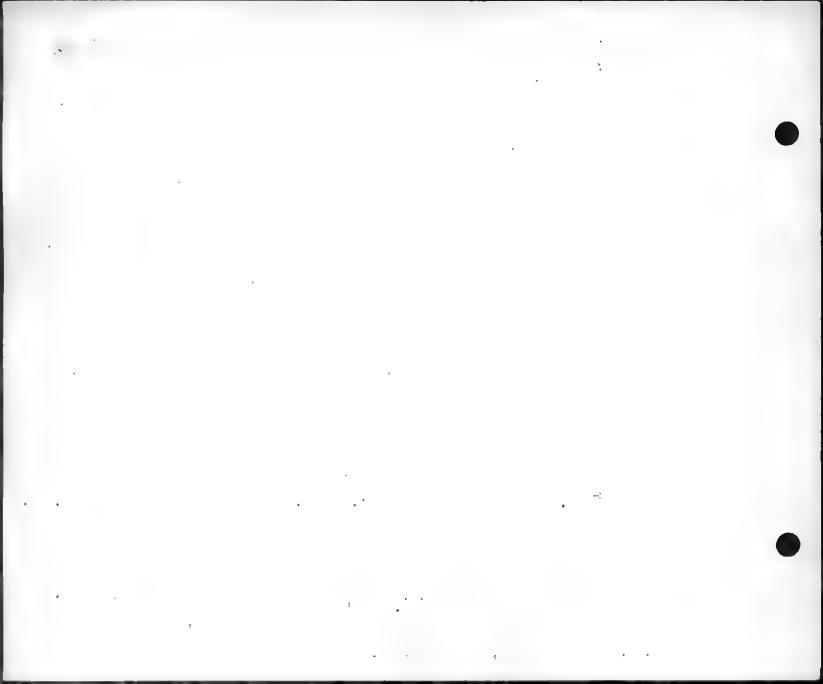
permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-frame.

the funeral director. Page 4 should be forwarded to the Enter Medical Examiner's Office along with form

	14975		MED	ICAL EXAMIN	ER'S	CERTIFICATE	OF DE	ATH	1	49	78	
	PLACE OF DEATH a. COUNTY	EGANY		MARYI	AND	a STATE	CE (Where de	ceased aved, if instituti b COUN	TY	nce before EDERT		n)
H		f autside carporate limit	'S,	€ LENGTH OF STAY N				parate limits, write RUR				<u> </u>
	write RURAL and CUMBERLAN	give nearest tawn)		Since 11/	26/6	1			J.	1-	.5	
		AL OR INSTITUTION (If I	at n haspital g	ive street address)		d STREET ADDRESS				e	IS RESID	ENCE
	SACRED H	EART HOSP	TTAL			LL8 E. PA	TRICK	ST.		Y	ON A FA	NO X
	NAME OF		rst	M ddle		Last	4 DA		1	Day	Yea	
	DECEASED (Type or print)	DAVID	Į	eslie	HA	RRIS	OF DE	ATH NOVEMBER	ì	28	19 6	56
S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	1 1	DATE OF BIRTH		9 AGE (In years	IF UNDER Months	1 YEAR Doys	IF UNDER Hours	24 HRS Min.
	ALE	WHITE	WIDOWED	DEVORCED		3-20-45		2.1ast birthday)				IRSH J.
dur dur	ing most af warking	(G ve kind af work done fe, even if retired) — Univers	114	ND OF BUSINESS OR DUSTRY Marvland		11 BIRTHPLACE (S		lu canutil)	12 CI	T ZEN OF	WHAT S.A.	
13	FATHER'S NAME			, , , , , , , , , , , , , , , , , , , ,		14. MOTHER'S MAID	EN NAME					
	GEORGE H	ARRIS				Evelyn	V. Ei	sentrout				
		R IN U.S. ARMED FORCES? (If yes give war ar dates		17 42 9181		FORMANT Mrs. Mary MXXXXXXXXX		e Harris (Same	as i	tem	#2)
	18. CAUSE OF DE	ATH (Enter anly one co	use per line far								RVAL BETV	
	825,4	TAXABLE CALLED	(a)	MACERAT	TON	OF BRAI	N			40"H	OUT	5
	Conditions, if ony,	201	TO	en morre	CITC	TO T				100		
	rise ta immediate	e cause (a), ((b)	CRUSHED	27	ULL				40 H	loure	3
	stating the under	lying couse	(c)	<u></u>								
MEDICAL CERTIFICATION	PART II OTHER SIG	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELA	ITE D T O TH	HE TERMINAL D SEASE	CONDITION	GIVEN IN PART 1(a)		F	WAS AUTO PERFORME)PSY ED? NO [
ZIIEI	20a EXTERNAL CA PRIMARY Or COM	USE WAS	20b DE	SCRIBE HOW INJURY OC	CURRED (enter nature of injury	en Part or	Part 1 of item 18)				
- CE	CAUSE OF DEATH	THE DESIRED LA	Pa	ssenger in	mot	or car ac	cident					
EDICA	20c. TIME OF INJUING Hour	RY Manth, Day, Year	20d II While	Not While	20e PLACI	OF INJURY (Hame,	form, 20	of (Ciyartown) Vest Flint s	(Ca	iuniy)	(5	State)
2												
		y that I took charg					-	ectian 🔯 , Inqu		ond	in my (opinto
	death result	ed from. Natur	al couses	, Accident XX,	Strick	p-ray ,		Undetermined mo	onner _	_		
	ACTUAL SIGNATURE	Semodia.	* /2	itare l.	1)		ICAL EXAMINE MEDICAL EXA			22	, DATE	SIGNED
	EXAMINER'S	will care		aruse.		DEPUTY ME		NEW Noven	ber	28. 3	1966	
		ENEDICT SK	TARELI			Address (S	treet, city, to	wn or county) Cumb	erla	nd, M	/d	
230	BURIAL CREMAT O REMOVAL (Specify) BUTIAL	23b DATE TH		23c NANS TO CEAR				tica, Mary		(County)	(St	ate)
24	FLINERAL DIRECTO	e Marito	RIM	ADDRESS.		250 6	REC'D BY REG	ISTRAR 25b. REG	GISTRAR'S	SIGNATURE		
	M. R. Et	chison & So	on, Fre	derick Md	. 217	O1 DATE	DEC 1	1966 🖋	Cliar	les y	udge	_

VR A15ME (5)

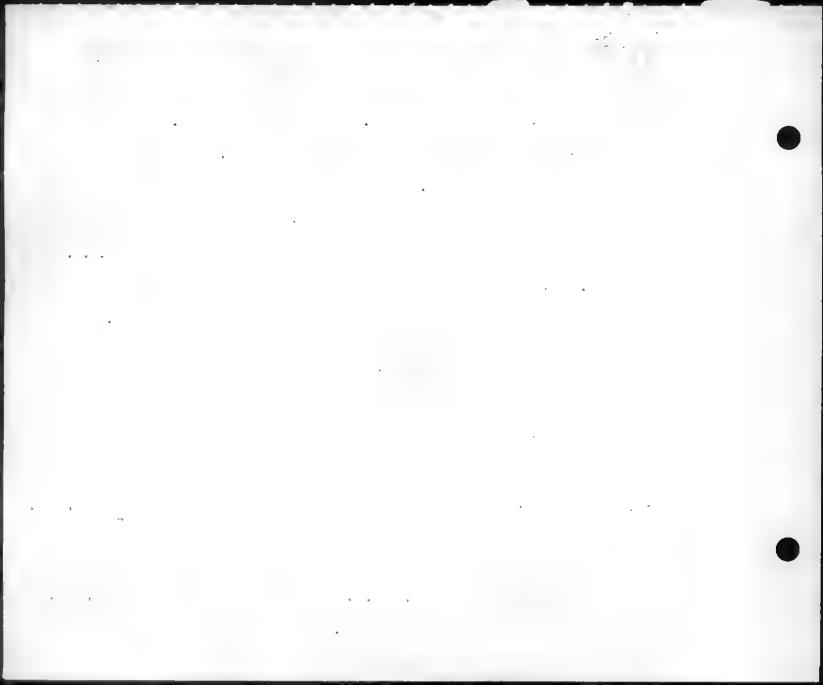


MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	ATE		14976	MEDICA	L EXAMINE	'S CERTIFI	CATE OF	DEATH		1497	9	
HEALTH C	DEPT.	ī	PLACE OF DEATH O. COUNTY			2 USUAL	RESIDENCE (When	e deceosed				
7y deloy is 2, and 3 to PM3. Page	O E		Allegany		MARYLAN		Marylan		b. COUI	Ph.L.	legany	
elo d 3	e State Department of 72 hours ofter death.		b CTY OR TOWN (if outside corporate limits, write RLRAL and give pagest town)	C	LENGTH OF STAY IN 18		TOWN (It outside			RAL and give ne	orest town)	
P SW	ortn fter		write RLRAL ond give negrest town) Cumberland		51 yrs.	1	umberlan	.d	Md.	V at	ε .	
-	Dep rs o	.7	& NAME OF HOSPITAL OR INSTITUTION (If not in		treet address)	d STREET		n.			e IS RESI ON A I	FARM?
after death If 6 8 Give Pages 1, olong with form	hot		Memorial Hospi	tal		!	Bedford				YES _	NO 🔼
	e 5†	3	NAME OF First DECEASED (Type of print) William		Midd e	Harris	t 4,	DATE OF DEATH	Mont			66 66
er o	with the within 7		(1790 or print)	HADOUGA TO		7 8 DATE OF E	DIDTH		Novembe	I IF UNDER 1 YE	_	R 24 HRS
after of Give	with	'		MARRIED K	NEVER MARRIED DIVORCED]	2, 1915	, , ,	ast birthday)		DAZ HONES	
hours Item 18 Office	ond 2 v	-	o USJAL OCCUPATION (Give kind of work done		F BUS NESS OR		IPLACE (State or fo		P	12 C TIZE	N OF WHAT	
		d	ring most of working life, even if retired) Truck Driver	INDUST	RY Market			oreign coun	1.41	COUN1	FRY?	
II in ler's	gages Tond' In ony even		B FATHER S NAME	Meat	METKET	14 MOTHS	ryland R S MAIDEN NAMI	Ę.		Ues	S.A.	
w.thin 24 n pencil in Examiner's	= =		William H. Harris				ora Mas					
0,- %,-			WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIA	L SECURITY NO	17 INFORMANT	N. W. INIAP	sey	Addre	BSS .		
executed inding in Medical E	t permit removal,		(es, no, or unknown) (If yes give wor or dates of ser	vice)		Merrie	Harris	-	Podfor	42 64		
se execut pending ief Medica	per	F	18. CAUSE OF DEATH (Enter only one couse po	er line for (o),	(b), ond (c).)	Men 16	marits		Tento		INTERVAL BE	TWEEN
be ipe	ar		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	Ce	rebral	Edema,	Marke	d			Days	DEATH
certificate should be executed writing the word "penang" rwarded to the Chief Medical	o buriol-trans t permit cremation, ar removal,	/	/ I " T U DUE TO	10	ractured	Neck					15 Da	. Ter etc
	nati		Conditions if any, which gove (b) (b)		ractured	MOCK					T) Da	.y &
at end at	0 8		stoting the underlying couse DUE TO							İ		
iffic arde	d os iol, c		PART I. OTHER SIGNIFICANT CONDITIONS CONTR	D T HO TO DE	AT. DUY NOT DE ATCE	TO THE TERM HA	DISCOSS COURT	0.11.0.11.0.11.0	DI DADT I/ V		10 WAS ALL	TODGY
	und os buriol,	2	Delerium	Treme		TO THE TERM.NAL	DISEASE COND I	ON GIVEN	IN PAKI I(0)		19 WAS AUT PERFORM YES U	WED'S
三 岩 。	muld be u	CCDTICICATION	2Do. EXTERNAL CAUSE WAS		E HOW INJURY OCCUR	RED (Enter noture	of injury n Port	Lor Port I	of tem (8.)		I - INCOL	100 L
æĒ≅,	prior	Tab	2Do. EXTERNAL CAUSE WAS PREMARY ☐ or CONTRIBUTING STA		ell at h		7 1017 7 4		0, 1011-10,			
INER: certif should files.	3 sh	MCDICAL	20c, TIME OF INJURY Month, Dov. Year	20d INJURY	OCCURRED 200	PLACE OF INJURY	(Home, form	20f (City or town)	(County	7)	(Stote)
EXAMINER: cute the cert age I should r your files.	950	, 12	7:00 PM Notober 27	White of work	Not While of work	factory, street, off Home	fice bldg , etc)	Cumb	erland	1. All	eg. N	id.
Page V	ted 25	1	21. I certify that I took charge of								and in my	
4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	gno				Accident 🛣						,	
MEDICA please el director retained	desi		ACTUAL & -4	1 7/n	1	A (I	HEF MEDICAL EXA	MINER [4		
Ple of di	<u>=</u> =		SIGNATURE & Danadiet	SE	tarela	MD AS	SSISTANT MEDICAL	EXAMINER			22. DATE	
CESSOTY, le fun moy be r	OF		EXAMINER'S	CALIL V SAM	TTO M	D1	EPUTY MEDICAL EX	CAMINER	A NOV	ember	12, 1	.766
O DEPUTY RECESSORY, p the funarol 5 moy be re	TO FULLINAL INTECTOR: Page 3 shy Health or its designated agent, I	2	NAME (Type) BENEDICT SE to BURIAL, (REMAT ON, 23b DATE THEREO		LIC, M.		ddress (Street, crh		TION (City or To			State)
5 ± 2	2 [±]	- 1	REMOVAL (Specify)		cose Hill				erland	Alleg		Id.
	()	H	FUNERAL DIRECTOR		ADDRESS		2So REC'D BY	REG-STRAR	2Sb. RE	GISTRAR'S SIGN	ATURE _	
VR A1	5ME (5)		Livin Allen is	n (/	mo	NO	W 17	1966	Vilian	Len Que	dee

VR A15ME 6M 1/66



14977

CERTIFICATE OF DEATH

14980

4.1										
2		PLACE OF DEATH					2 USUAL RESIDENCE (W			e before admission)
	(ALLEGHA	NV		MARYLA	MD.	MARYLAND	b	COUNTY	GHANY
			f outside corporate limits		c. LENGTH OF STAY IN			rside corporate limits, wri	7 1 100 100 100	
		write RURAL onc	give necrest town)	,						,
		CUMBERL	AND.	t in hospital a	37 DAYS		d STREET ADDRESS	NU.		e IS RESIDENCE
-11			L HOSPITA		line 2lieci daniesz)		220 VALL	EV CT		ON A FARM?
					A4 111				Month	1 0 0
	[NAME OF DECEASED (Type or print)	JO	SEPH_	Middle		HELKER	W. P. P. C. L.	NOV.	10 19 66
	5 5	MALE	6 COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH 189	1024 042770		YEAR IF UNDER 24 HRS Doys Hours Min
	100	SUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR	₩.		Stote, or foreign country	12. (17	ZEN OF WHAT
	dugi	of most of working	yig, even if retired)	IN	DUSTRY		CUMBERL		col	INTRY?
		FATHER'S NAME	me -		<u> </u>		14. MOTHER'S MAIDEN N			
		ABBAHAN	HELKER,	Henr	y		LUCY HE	TE Ahr	use.	
	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 1	SOCIAL SECURITY NO.	17 1	NFORMANT		Address	
	(Ye	s, no, or unknown)	(If yes give war or dates of	f service)		ME	MORIAL HO	SPITAL	CUMBERL	AND, MD.
		JE CAUSE OF DE	ATH (Enter only one cou		(o), (b) and (c).)		٨			INTERVAL BETWEEN
		PART I DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Poulal	0	in lices	c		ONSET AND DEATH
		281					1			
		Conditions, if ony		(b)	Remend	asi	ite.			
•		rise to immediat		TO						
		lost.		(c)						
	2	PART II. OTHER SI	GNIFICANT CONDITIONS Q	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1	(o)	19 WAS AUTOPSY PERFORMED?
-	CATION	Q	interesses.	(Juen	& Ruller.	0	and butte	in selección	ā	YES NO
	CERTIFIC	200 ACCIDENT WAS		20b DE	SCRIBE HOW INJURY OCC	JRRED. (Enter nature of injury in F	Port I or Port II of Item 1	B.)	
			CAUSE OF DEATH MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Year				E OF INJURY (Home, form	, 20f. (City or to	wn) (Cou	nty) (Stote)
	ME	p.r	10	White of work		70010	ory, street, office bldg., etc.)			
		21. I certi	fy that (I) (this has	pitol) atten	ded the deceased fr	om	10-4 ,1	gar, to il	- 16 , 19 <u>1</u>	thot (i) (we) last
		saw the d	eceased olive on_	USI	<u>ს 19 🗸 (ა,</u> ar	id that	deoth occurred of	8:10A from co		ne date stoted abave.
		220 SIGNATURE		0 1			ATTENDING -	MED. STAFF	22b. D#	TE SIGNED
			Willen	470	Course	M.E		DIRECTOR L PHYS.		110/66
/		22c. PHYSICIAN'S NAME (Type		IAM P	. IAMES		22d. ADDRESS 441 N.	CENTRE ST	., CUMB	ERLAND MD
	230	BURIAL, CREMATIC		REOF	23c. NAME OF CEMETE	RY OR (REMATORY	23d LOCATION (City	or Town)	(County) (State)
,	1	REMOVAL (Specify	11/12	166	Sursel	me	mo. Pk	Cumber	eland	ma
1	24	FUNERAL DIRECTO	R	Λ	ADDRESS	1.0	25q RECTO		SE REGISTRAR'S SI	GNATURE
Br.	0	Tanis	Alun.	Inc.	Cumb.	MIC	DATE	1 4 1966	Jeliante	1 Judge

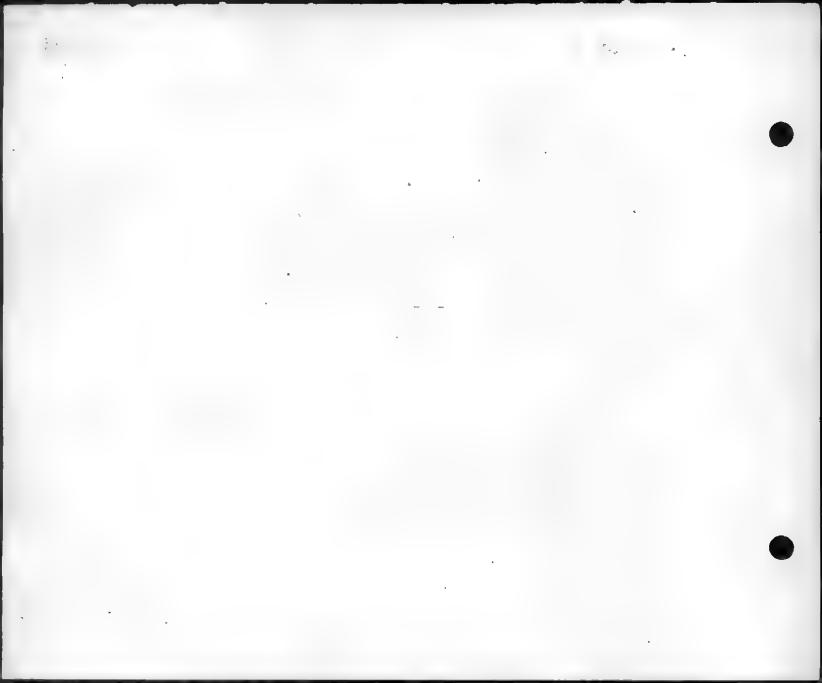
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit performance remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, cremation, acceptoral, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14978

CERTIFICATE OF DEATH
14981

T3310		CENTIFICA	IL OF DEA	111		TX	201
1. PLACE DF DEATH			2. USUAL RESI	DENCE (Where dec			before admission)
a. COUNTY Alleg	any	MARYLAND	a. STATE	Maryland	b. COUN	W Alle	gany
b. CITY OR TOWN (if ou write RURAL and gi		C. LENGTH OF STAY IN 1	b c. CITY OR TOWI	N (If outside cor	orate limits, wri	te RURAL and glv	ve nearest town)
write RURAL and give Cumber			11	Corrigans		11	
	OR INSTITUTION (if not in hos	spital, give street addres			Y 35 2-25	16	. IS RESIDENCE
	Heart Hospital					,	ON A FARM?
3. NAME DF DECEASED	First	Middle	Last	4. DATE	Month	- *	Year
(Type or print)	Walter	H.	Hensel .	DEATH	3.1	28	
5. SEX 6. CO	LOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.		IF UNDER 1 YEAR	Hours Min.
Male Wh	ite WIDOWED	DIVORCED	3/18/91	1	75 yrs.	Months Days	Hours mill.
1Da, USUAL OCCUPATION (GI	ve kind of work done 100. Kil	ND OF BUSINESS OR	11. BIRT HPLACE	E (County & State,		12. CITIZEN COUNTRY	OF WHAT
duting most of warding life	Rail Rail	road		Cumberla	nd	COONTRI	USA
13. FATHER'S NAME	1		14. MOTHER'S	MAIDEN NAME			
Charles	Hensel		Mrs.(I	Beall) He	nsel		
15 WAS DESCRIBED BYEN IN	IL C ADMED CODGESS 10 C	OCIAL SECURITYNO. 1	7. INFORMANT		Addres	ŝ	
(Yest or unknown) (If yest	rive war or dates of service hi	5-09-9849	patdent	le chart			
Tes WW			hantene	e Char		, leite	RVAL BETWEEN
	Enter only one cause per lin		Trend'1			ONS	ET AND DEATH
PART 1. DEATH W.	EDIATE CAUSE (a)	rabetes,	recens	<u> </u>			
×60X	DUE TO	.10 "	70				
Conditions, if any, w		reresel	estan				
gave rise to immed) DUIS TO						
underlying cause last.	(c).						
PART II. OTHER SIGNIFI	CANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT R	ELATED TO THE TERMII	NAL DISEASE CON	DITION GIVEN IN	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
8 Coxe	on Athorns) a				YE	S NO X
PARTII. OTHER SIGNIFICATION OF CONTRIBUTING OF CITHER, NOTIFY MI	NDERLYING 20b. DI	ESCRIBE HOW INJURY O	CCURRED. (Enter natu	re of injury in Pa	irt I or Part II of	f Item 18.)	-
DR CONTRIBUTING (IF EITHER, NOTIFY MI	CAUSE OF DEATH EDICAL EXAMINER)						
		JURY OCCURRED 20e.	PLACE OF INJURY (Hon	ne, farm, 20f.	(City or town)	(County)	(State)
20c. TIME OF INJURY Hour a.m. p.m.	While	Not While -	ctory, street, office blo	ig., etc.)			
	19 at work	at work	10/77	//	11/54	//	1.40.4.5.1
The state of the s	(I) (this hospital) attended	d the deceased from.	10/16	_, 1966_, to_	11/28		nat (I) (we) las
saw the deceased	alive on ///>	19 44, and t	hat death occurred	at/2 M, fr	om the causes	and on the dat	e stated above
22a. SIGNATURE	11 9	A / ·	ATTENDING _	, MED	STAFF	22b. DATE SI	GINED
- A-	er ld. Kly	F	M.D. PHYS. (X	DIRECTOR L	PHYS.	1 1/29	166
22c. PHYSICIAN'S NAME (Type)	LEO H. Le	4 12	457 N	. Centre	- St. C	umberlo	nd mo
23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMET	ERY OR CREMATORY	23d, L0	CATION (City, to		(State)
BUTTMAL (Specify)		1966 Rest LA	wm Mem. Gar	dens La	Vale. Al	Llegany (Co., Md.
24 FONERAL DIRECTOR	1-7.1	ADDRESS	25a.	REC'D BY REGIS		GISTRAR'S SIGN	ATURE
Thereu !	Leaver Hy	mdman, Penns	TATE OF THE PARTY	DEC 5	1966	1 "hartes	udgle

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover and in any event, within 72 hours after death.

> VR AI5 (4) 20M 1/65



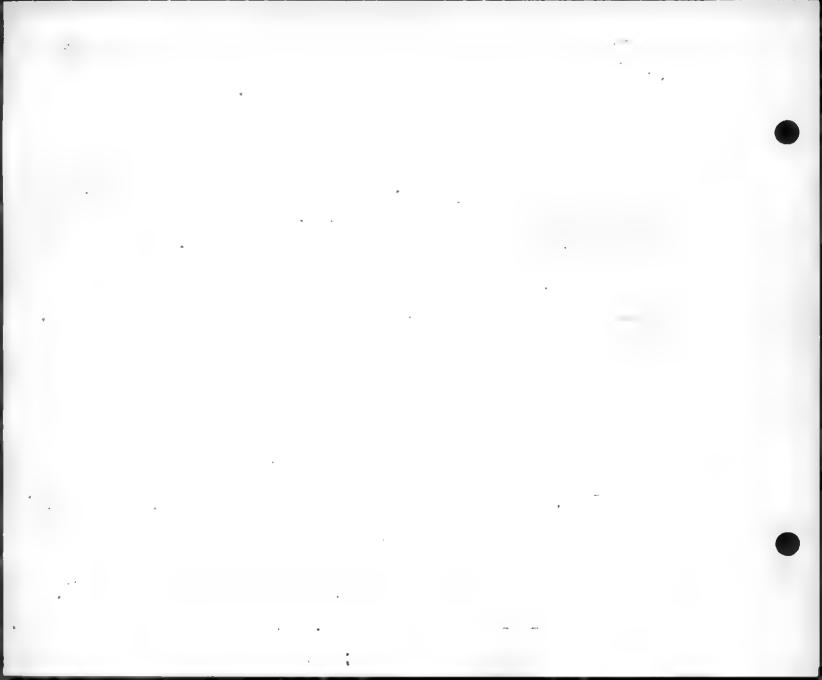
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1/029

LOK 2 (A ME)	1 1	TXO (3	ALK 5 CERTIFICATE OF DEATH	13300
HALTH DEPT		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution	
in and and and and and and and and and an		o. COUNTY Allegany MAR	O. STATE B. COUNTY Penna.	Somerset
2, and 3 ta PM3. Page partment af after death	-	b CITY OR TOWN (If outside corporate limits. C. JENGTH OF STAY	1 0223700	
delc and M3. I me rtme		write RURAL and g ve neorest town) Cumberland 23 Min	utes Boynton	12. 2
Po Po	-	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
F. F. G. S.	8	Memorial Hospital		ON A FARM? YES NO 1
	- L	NAME OF First Middle	ost 4 DATE Month	Doy Year
offer diath 3. Give Page alang with 1 with the Stat		DECEASED	OF	
8. Give F alang with the	H	(Type or pnnt) James M. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIE	Holler DEATH Nov	25 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS
off old with with		THE COUNTY OF TH	lost birthdoy)	Months Doys Hours Min
feurs fem 18 Office of and 2 v		Male White WIDOWED DIVORCE	- 1 40. 7°	12 CITIZEN OF WHAT
Faurs Item Office Control Innd2		00 USUA, OCCUPATION (Give kind of work done little not be sinted) IDB KIND OF BUSINESS OR NDUSTRY	Boynton, Penna.	COUNTRY?
hin 24 Faurs nal in Item I niner's Office pages Land2 in ony event		Cement Finisher Construc	TLOH:	USA
within pencil comine comine comine no in c		13 FATHER S NAME	14 MOTHER'S MAIDEN NAME	
with pe pe lie ile		Archie Holler IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO	Margaret Welli	ngton
D'ELLE.		IS WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [(If yes give war ar dates of service)]	17 INFORMANT Address	
be executed pending in inet Medical insit perimit			94 Hilda G. Holler Boynt	on. Penna.
exe endi		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))		NTERVAL RETWEEK
be in properties		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hemot	horax, bilateral	10NSET AND DEATH
shauld be e ne ward "per a the Chief I burial-transit matian, or re		90d.0 DUE TO		1
sha th uria	×	(b) Ruptu	red Heart	45 Minute
te the the the the the the the the the t		stoting the underlying couse DUE TO		
fica ing dec dec		lost (c)		
This certificate shauld be executed will cate, writing the ward "pending" in pe be farwarded to the Chief Medical example used as a burial-transit permit rile it a burial, crematian, or remaval, and		PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
v m -	5			YES NO
ITER: This e certificate, should be fa files. 3 should be u		200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY C	OCCLERED (Enter notice of injury in Port I or Port I) of item 18) XIMA tely 10-20 feet while No route #10 (Maryland) 20e PLACE OF INJURY (Home, form 201 (City or fown)	
R: entification of the control of th		PRIMARY Tor CONTRIBUTING Fell appro	ximately 10-20 feet while	working on
INTER: shaulch files. 3 shau	2/	20c TIME OF INJURY Month Doy, Year 20d NJURY OCCURRED	20e PLACE OF INJURY (Home, form 201 (City at fown)	(County) (State)
e the ce e 4 shau aur files age 3 sha agent, p	2/	20c TIME OF INJURY Month Doy, Year 20d NJURY OCCURRED While 12:45 pmNov 25 1966 otwork at otwork	Route #10 Three Miles R.C.	umberland Alla
ed Tage Care		21 I certify that I taak charge of the remains described a	bave, held an Autopsy 💢 , Inspection 💢 , Inquir	y 🔀 , ond in my op:n:on
exe F. F. Tot bar			Suicide , Hamicide Undetermined mor	- magazi
se ecto		Action 1	. CHIEF MEDICAL EXAMINER	III I
please direct direct retaine DIREC		SIGNATURE Desiedect Setterely	M.D. ASSISTANT MED CAL EXAMINER	22. DATE SIGNED
TY Fe relative		EXAMINER'S	DEPUTY MEDICAL EXAMINER XX NOVE	MBER 25 1066
Ssor Ssor Sy b NER	A	NAME (Type) BENEDICT SKITARELIC,	M.D. Address (Street, city, town, or (Cumber)	land. Md.
necessary, please execute the the funeral director. Page 4 sl 5 may be retained for your find FUNERAL DIRECTOR: Page 3 Health or its designated agen	~··	230 BURIAL, CREMATION, 236 DATE THEREOF 23C NAME OF CEM	METERY OR CREMATORY 23d LOCATION (City or Town	
5 = + ~ 5 ±		REMOVAL (Specify)	ry I.O.O.F. Salisbury	Somerset Pa.
	-	24 FUNERAL DIRECTOR AND THE ADDRESS	2So RECD BY REG STRAR 2Sb. REGI	STRARS SIGNATURE Judge
VR A15ME (5) 6M 1/66		Standay M Thomas Salish	St. Pa DATE DEC 1 1966	ficiaries judge

Stantev M. Thomas



CERTIFICATE OF DEATH 14980 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death the funeral ages I and I. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Allegany Maryland MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 papers. Pag. hin 72 haurs o write RURAL and give neorest town)
Mt Savage 11 Years Mt Savage d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS and in any event, within 72 filled a Main Street Main Street 3 NAME OF Middle 4 DATE First Lost Month DECEASED OF Hout Clarence Jenning November (Type or print) DEATH IF UNDER 1 YEAR S. SEX 7 MARRIEO 🔀 8. DATE OF BIRTH AGE (In years 6 COLOR OR RACE NEVER MARRIED lost birthdoy) 83 yrs. White Male WIDOWED DIVORCED Feb 15, 1883 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Retired Salesman- White Truck Co. New York 14. MOTHER'S MAIDEN NAME I3. FATHER'S NAME William W. Hout Ester Jenning AddressMain Street 1S WAS DECEASED EVER IN J S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 15-01-6902-A Mrs. Camilla Hout Mt Savage, Md 18 CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c))
PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO storing the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1958 Constimal Bell interport 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Oay, Year Hour o.m. factory, street, office bldg , etc.) of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from / January 1958, to 19 November of that (1) (we) last saw the deceased alive anh November 19 66, and that death occurred at 3 P M, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. MEO. 21 November 1966 director, page 3 shauld be filed v M.D DIRECTOR 22d ADORESS 22c. PHYSICIAN'S NAME (Type) 122 S. Centre St., Cumberland, Maryland Alfred Van Ormer. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 11/22/66 Hillcrest Burial Park Cumberland Allegany Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADORESS

H. Lee Silcox Cumberland Maryland 21502

VR A15 (4) 20 M 1/66

1966

Allegany

19

12. CITIZEN OF WHAT COUNTRY?

e IS RESIDENCE ON A FARM?

YES NO DE

19 66

IF UNDER 24 HRS

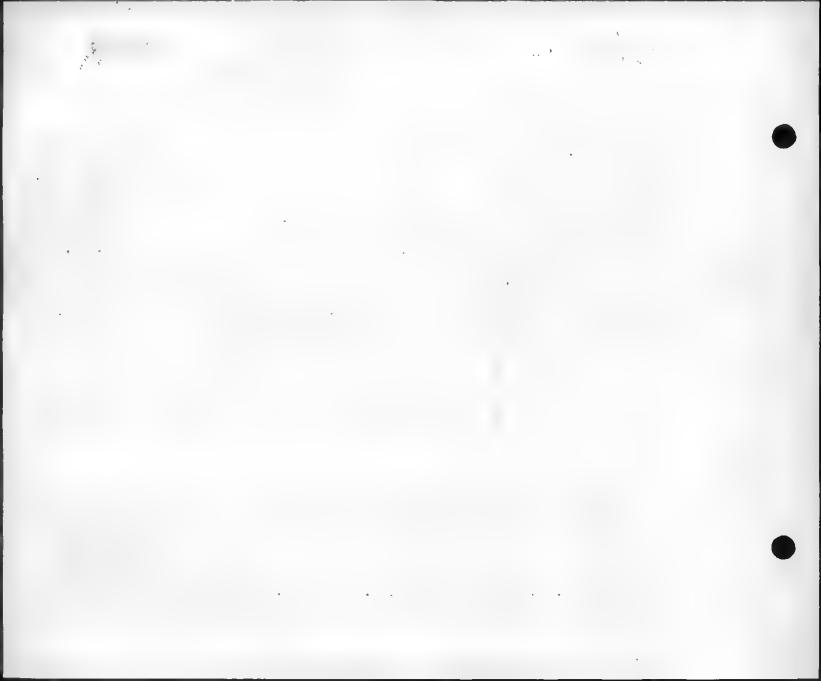
INTERVAL BETWEEN

WAS AUTOPSY PERFORMED?

(Stote)

(County)

(County)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14981 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY NEW YORK ALLEGANY MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate + mits Write RURAL ON BINEFIE PER TOWALN D DAYS BINGHAMTON e IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL FLORAL AVENUE NO X 3 NAME OF Middle 4. DATE Month First Lost Day DECEASED HATTIE ANN . HUFF NOVEMBER DEATH (Type or print) AGE (In years 8. DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Bourthdoy) Doys Hours FEMALE WHITE 1-15-1886 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CWN Home PENNSYL VANIA. Keating HOUSEWIFE 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME MMKK HENRY ANN CONFER FISHER IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address CUMBERLAND, MD. (Yes, no, or unknown) (If yes give wor or dates of service) MEMORIAL HOSPITAL None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DAYS PNEUMONTA - BOTH LUNGS - TERMINAL 3 - 4 ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE YEARS Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO V FOR 2 DAYS UREMIA - ANURIA 200 ACC DENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While ot work at work 21. I certify that (I) (this hospital) attended the deceased from 1 , that (I) (W) last M. From causes and an the date stated above. , and that death accurred at saw the deceased alive an 11-19-66 19 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS 11-20-66 DIRECTOR M.D. PHYS 22c. PHYSICIAN'S HIGHWAY. LA VALE.MD. NAME (Type) ONAL NAME OF CEMETERY OR CREMATORY 23€ 23d LOCATION (City or Town) (County) (Stote) 230. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) Vestal N.V. Vestal Hills Mem. Broome. Park 11/23/66 Buria SEGISTRAP 66 ADDRESS 24. FUNERAL DIRECTOR

Cumberland. 'Id.

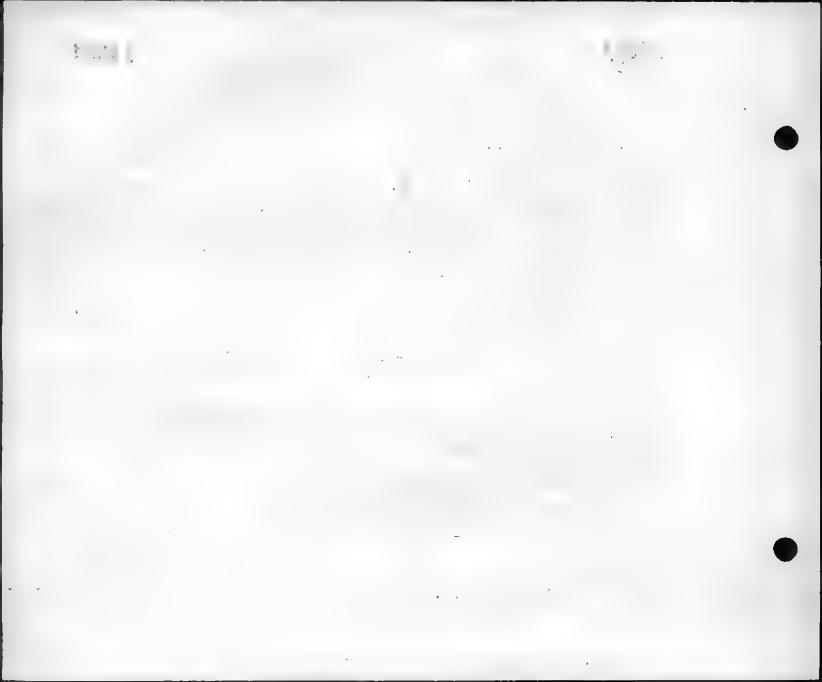
Warrne George

DATE

low requires that the deoth certificate be executed within 24 hours after deoth ompletely filled in by the funerol ve corbon popers. Pages 1 ond event, within 72 hours ofter deat completely filled puo or remova permit. burrol, cremation, signed by the buriol-transit be retained by the hospital or attending physicion. the prior to has been S be detoched for use State Dept. of Health this certificote detoched TO FUNERAL DIRECTOR: After , page 3 should be filed with the director, participation of the should be

ond

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

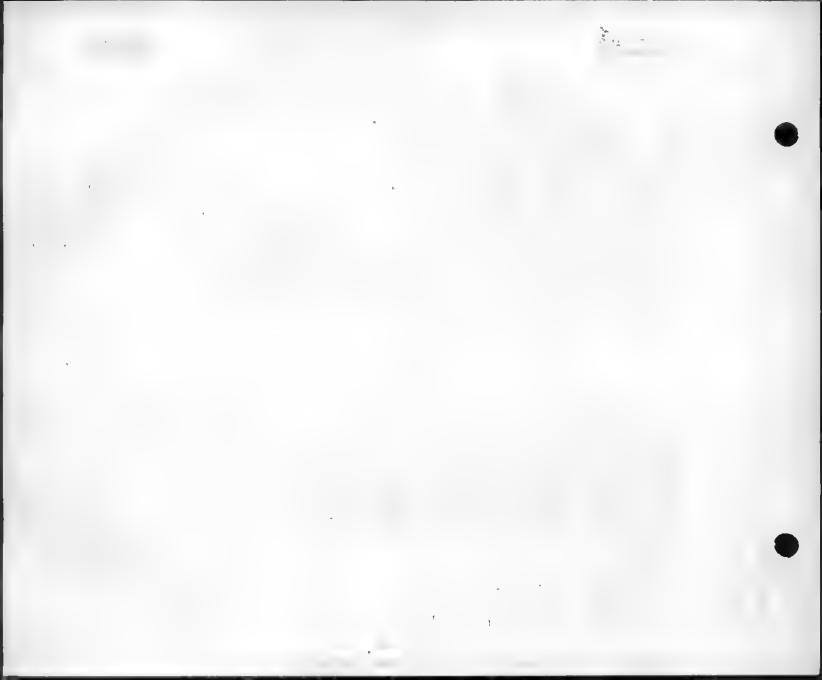
4982	CERTIFICATE	OF	DEATH
		0 11011	LI DECIDENC

14985

											-
	PLACE OF DEATH				2 USUAL R			sed lived, if institution b. COUNTY	Residence	before admission	on)
,		ALLEGANY		MARYLAND			RYLAND		AL	LEGANY	
i	o, CITY OR TOWN (I	f outside corporate limits,		c LENGTH OF STAY IN 16	c CITY OR 1			ite fimits, write RURAI	ond give	neorest town)	
	""MIDLOI	FILAN		70 Yrs.		М	DLOTH	IAN			
{	H. NAME OF HOSPITA	AL OR INSTITUTION (If not in	hospitol, gr	ve street oddress)	d. STREET A	DDRESS				e. IS RESIL ON A FA	DENCE ARM? NO K
	NAME OF	First		Middle	Lost		4. DATE	Month		Doy Yes	ar
	Type or print)	ADELIA		5	JAME	s	OF DEATH				66
5. 5	SEX	6 COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF BI			AGE (n years	IF UNDER 1 'Months	YEAR IF UNDER Dovs Hours	R 24 HRS
F	EMALE	WHITE	WIDOWED	DIVORCED	MAY 1,			94 yrs			
dun dun	USUAL OCCUPATION PROBLEM	(Give kind of work done	10b, KIN	OUSHOME		LACE (COUNTY ENGLAN		reign country)	12 CITIZ COJI	ZEN OF WHAT WIRY? U.S.	Α.
13	FATHER S NAME					E'S MATDEN I					
	ALFREI	SMITH			I.	MARTHA	SAND	ERS			
15	WAS DECEASED EVE	R IN U.S ARMED FORCES? (If yes give wor or dates of se	ouice)		. INFORMANT			Address			
110	5, 110, 01 0111110 1111)	(ii yes give wor or doles or se	(1100)	NONE M	ISS RUTH	JAME	s, MI	DLOTHIAN,	MD.		
	PART I. DEAT	ATH (Enter only one couse) TH WAS CAUSED BY IMMEDIATE CAUSE (o)	per line for i	(a), (b), and (c))	Tro	ril	url			INTERVAL BET	
	Conditions, if any,		ar	Terioscle	Lic	Com	Dev-	bacular	lin	yea	N
	stoting the under										
ATION	PART II OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL	DISEASE COI	NDITION GIVI	EN IN PART 1(0)		19. WAS AUT PERFORM YES	NO X
CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature	of injury in	Port I or Por	rt II of item 18)			
MED CAL	20c TIME OF INJU Hour our	10	20d. IN While of work	Not While f	LACE OF INJURY octory, street, offi			(City or town)	(Cour	rty)	(Stote)
		fy that (I) (this hospit eceased olive on	al) otteno (みひご	ded the deceased fram.	not death oc		966 1 7 P	no NOV. 5 M, from causes a			
	22o. SIGNATURE	John	13	Davis	M.D. ATTENDIN	ھر	MED. DIRECTOR	STAFF PHYS.	22b. DA	JE SIGNED	6-
	22c. PHYSICIAN S NAME (Type		. DAVI	s, M. D.	22d. Al 2	BROAL	WAY,	FROSTBURG	, MD.		
230	BURIAL, (REMATIC	N, 23b, DATE THERE	OF .	23c NAME OF CEMETERY C				OCATION (City or Town		(County) (S	Stote)
	REMOVAL (Specify BURIAL	NOV. 8	166	F'BG. MEMOR	IAL PARI			OSTBURG,			
24	. FUNERAL DIRECTO		- T	ADDRESS			BY REGIST	RAR 256 REGI	STRAPS SIG	MANURE Dec	dge
	JOSEPH I	R. DURST, SR.	FHC	STBURG, MD.		DATE	NOV 1	O THOS	1	0	U

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cachan papers—Pages 1 and 3 shauld be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66



FOR STATE-HEALTH DEPT.

O DEPUTY MED. EXAMINER: TES certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencif in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be ment eath. TO DEPUTY MED

THE ALSME (5) 5M 1/65

	늘	
	Dep	
	State	
	3 2 3	
	with	
	4 2 2 p	
	FE 92	
	es Jane	
	Dag.	
	File	
	10 FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Departs of Boats or Boats and in any event within 72 hours after the	in company
	Sit	5
	lal-tran	
	bur	3 5
	S 4	5
	ed a	3
	S ÷	2
	uld be	2
	3 short	12 cm
	900	3
ż	P. P.	8710
THE	TOR	200
) Journal	REC	3
j	2	5
tained for your files.	UNERA	ומפורוו
ret	E	5
	=	

MARYLAND STATE DEPARTMENT OF HEALTH

	INPART.	FULL SIVIE OF	TENUTIAINED OF	HEMLIH	
Division of S	STATISTICAL RESEA	RCH AND RECORD	S. 301 W. PRESTON	STREET, BALTIMOR	E 1. MARYLAND
7.000			CERTIFICATE	·	14986

_	14983		EUICAL	EXAMINER'S	CERTIFICA	IE UF	DEATH			811	
1	PLACE OF DEAT	Н				NCE (Where	deceased lived, If		Residence	before at	imission)
L		ALLEGA	_	MARYLAND	a. STATE	MARYLA	ND b. co	UNTY A	HE	ANY	
	b. CITY OR TOW	N (If outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside o	corporate limits,	Write RURAL	and giv	e neare:	st town)
	MT. SA	VACE		LIFE		MT. SA	VAGE		4		
	d. NAME OF HO	SPITAL OR INSTITUTIO	ON (if not in ho	spital, give street address	d. STREET AGORES	SS			a	. IS RES	
	YELLOW	ROW ext.				YELLOW	ROW EXT	•	Y	ES 🗌	No X
3	NAME OF DECEASED	FI	rst	Middle	Last .	4. DAT			Oay	Ye	11
L	(Type or print)	JOSE:	PH	Τ.	JENKINS .	DEA			2,	19	66
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In year last birthday	Months I	1 YEAR	Hours	R 24 HRS.
	MALE	WHITE	WIDOWED	DIVORCED	JULY 26, 1	885	81 yrs.	1 1			
di	Da. USUAL OCCUPAT	TION (Give kind of work ing life, even if retire	done 10b. Kr	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE	(State or fo	reign country)		DUNTRY	OF WHAT	
1	MINE OPER	ATOR	COA	LMINES	MARYI	LAND			U.S	S.A.	
1	3. FATHER'S NAM	_			14. MÖTHER'S MA	AIDEN NAME					
		S JENKINS				NIE STO	okes				
0	5. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)		INFORMANT		Addı	1033			
_			212	-10-9143 MR	S. OKLEN GE	EIGER,	CORRIGAN	SVILLE	s, M).	
				e for (a), (b), and (c).]		1				RVAL BE	
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	oronary	o Occli	Jean	u)			dd	
	4201	OUE	TO	0			7				
	Conditions, If		(b)	(stone a)	y Selo	Jeans	1)	_			
	geve rise to ceuse (a), s		TO OT								
П	underlying caus		(c)								
NOI	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIBUT	TING TO DEATH BUT NOT RE	LATED TO THE TERMINA	LOISEASEC	ONDITION GIVEN	IN PART 1(a)	19.	WAS AL	
ICA1									YE	s 🔲	NO 🔀
MEDICAL CERTIFICATION	20a. EXTERNA PRIMARY Flor	L CAUSE WAS CONTRIBUTING	20b. D	ESCRIBE HOW INJURY OCC	URREO. (Enter nature	of injury in	Part I or Part II	of Item 18	1.)		
33	CAUSE OF DEAT	CONTRIBUTING []									
CA	20c. TIME OF Hour a.i	INJURY Month, Gay,		JURY OCCURRED 20e. PL	ACE OF INJURY (Home tory, street, office bldg	, farm, 20f	. (City or town)	(Co	unty)	(:	State)
MEO	p.		While at work	Not While at work							
	21. I certify	y that I took charge	of the rema	ins described above, h	eld an Autopsy 🔲	, Inspec	tion 🔀 , Inc	quiry 🔼,	and	in my	opinion
П	death result	ted from: Natural	causes 🔀,	Accident, S	uicide 🔲, Homi	icide 🔲,	Undetermine	ed manner			
L		12	1 /1:	1,	CHIEF MEGI						
	ACTUAL SIGNATURE	Mudic	- Skel	arelee	M.O. ASSISTANT I		AMINER 17	02-,2	,196	DATE	SIGNED
	EXAMINER'S	יי מייניים מיינים	ም ሪኔ ፖፕሞ ለን	RELIC. M. D.		DICAL EXAMI					
a'	NAME (Type)	BENEDIC		RELIC, M. D.			wn, or county)				ate)
2.	Ba. BURIAL, CREM	ecify)				230.	MT. SAVA			(3)	
2	BUKLAL 4. FUNERAL DIRE	NOV. 5	166	METHODIST C	HURCH CEM	REC'D BY RE	GISTRAR 25b.	REGISTRAR	'S. SIGN	ATURE	
-		. DURST, SR	. Fkos			10V 7	1966	Clar	les	udg	e.
-		*		*	DATE		- //		()	U	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OÉ 14984 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) **b.** COUNTY n. COUNTY o. STATE LEGANY ALLEGANY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town)
CUIJBERLAND. CUMBERLAND DAYS S RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) PA. AVENUE 125 MEMORIAL HOSPITAL 3 NAME OF 4. DATE Month First Middle Lost DECEASED 19 66 LAKIN NOV. ARTHUR F DEATH (Type or print) 9. AGE (in years IF JNDER 1 YFAR IF LINCER 24 HRS. S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED lost perthdoy) Hours 7-17-07 WHITE WIDOWED DIVORCED MALE 12. CITIZEN OF WHAT 100 USUA: OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY U.S.A. MD. Gunsmith Sport Shop 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELAZABETH/HQUSE/ WILLIAM LAKIN Amanda Johnson Address WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) CUMBERLAND. MD. HOSPITAL MEMORIAL Yes 216-18-1508 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o). (b), ond (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse lost. WAS AUTOPS'
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CFRTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20s. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) Hour o.m. Not While of work of work 21. I certify that (1) (this haspital) attended the deceased from 9 Non. Ob Nov. 1966, that (1) (we) last 19 to 19 66, and that death occurred of : 25 PM, fram couses and on the date stated above. saw the deceased alive an_ 2 lor. 22b. DATE SIGNED 22a. SIGNATURE STAFF 26 nov. 66 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S A. VAN 122 S. CENTRE ST., CUMBERLAND, MD DR. W. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Sunset Memorial Park Cumberland. Allegany, Buria **ADDRESS** 2So REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATUR

harles

TO FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State TO HOSPILAL Page 4 moy b VR A15 (4) 20 M 1/66

the state of

by the funeral

filled in I

completely

puo

attending.

signed l

this certificate

attending physician

be retained by the hospital or

s Pages hours aff

popers

10g

remove

iding physicion a r. tren peose i removal, and in

and in any

20

cremotion,

burial-transit burial, cremat

as the prior to b

for use Health

letoched f Dept. af 1

State |

within

executed within 24 hours after

the death certificate be

24. FUNERAL DIRECTOR Philip B. Wendt 121 Mem. Ave. Cumb., Md.



FOR STATE HEALTH DEPT:

TO DEPUTY WE EXAMINER: This certificate should be executed within 24 hours after death. If any delated cessary, please executed the certificate, writing the word "bending" in pencil in item 18. Give Pages 1, 2, and 3 funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and 'q, aid event within 72 hours after death.

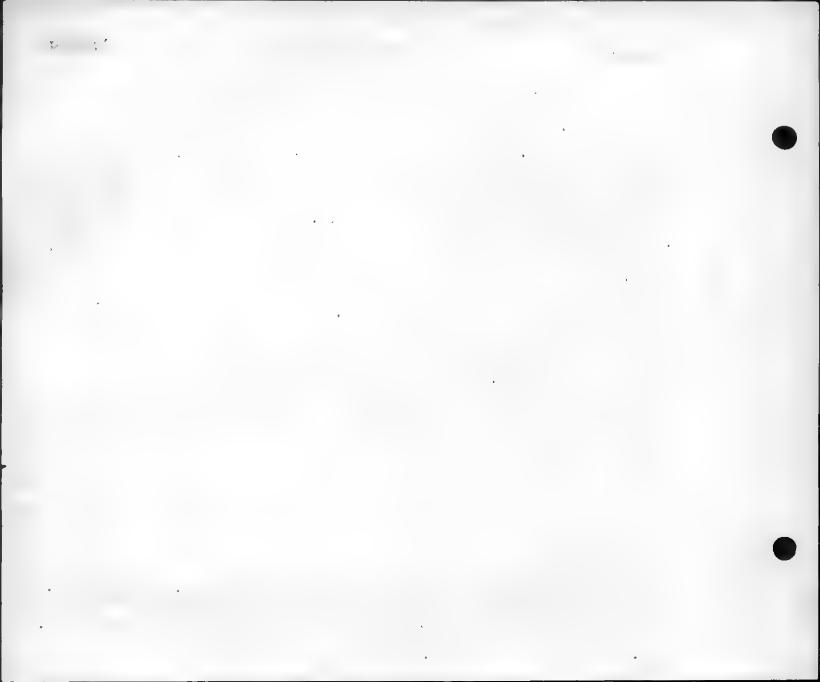
VR AISME (5) 5M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14985
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
14988

a. COUNTY Aldegany b. City or town (if outside corporate limits, write RURAL and give nearest town) Cumberland d. Name of Hospital or Institution (if not in hospital, give street eddress) Sacred Heart Hospital e. STATE Maryland c. City or Town (if outside corporate limits, write RURAL and give nearest of the complex of the complex of the country of the coun	DENCE ARM?
b. CITY OR YOWN (H outside corporate limits, write RURAL and give nearest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESION OR A F	DENCE ARM?
Cumberland DOA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS Cumberland Rt #5 Winchester Road d. STREET ADDRESS e. IS RESION A F	NO K
ON A F	NO K
	NO K
TOTAL TOTAL OF TOTAL TOT	
3. NAME OF First Middle Lest 4. DATE Month Dey Yea	
(Type of print) Harry Stalnaker Lannon DEATH November 11 19	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers If UNDER 1 YEAR IF UNDER Hours Hours) Months Days Hours	24 HRS.
Male White Widowed Divorced October 18.1912 54 yrs.	1411111
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Employee- Prichard's Corp. Elkins, West Virginia U.S.A.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Harry A. Lannon (Deceased) Motie Stalnaker (Deceased)	sed)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	. 5
(Yes, no, or unknown) (If yes give war or dates of service) No 10 11 12 12 13 14 15 15 15 15 15 15 15	
1.18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c)]	WEEN
PART I. DEATH WAS CAUSED BY: Coronary Occlusion Sudden	HTAS
, Inmittant vivot (e)	
Conditions, if any, which \ Coronary Thrombosis	
gave rise to immediate	
Compagne Solamorie	
(4)	
PERFORI	AED? NO 🗍
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES FOR YES 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Phone Part 1 or Part 11 of Item 18.) While Hour e.m. P.m. 19 WAS AU PERFORM YES FOR Y	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (S	tate)
Hour e.m. While Not While at work at work	
21. I certify that I took charge of the remains described above, held an Autopsy 84, Inspection 44, Inquiry 44, and in my	pinion
death resulted from: Natural causes 📆 , Accident 🔝 Suicide 🗀 , Homicide 🗀 , Undetermined manner	
CHIEF MEDICAL EXAMINER	
SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATES	
DEPUTY MEDICAL EXAMINER OF INOVERDED 11, 19	56
RAMME (Type) Benedict Skitarelic, M.D. Address (Street, city, town, or county) Cumberland, Md	
232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (St	ite)
Burial 11/13/66 Rest Lawn Memorial Gardens LaVale Allegany Marylan	1
24 FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	
H. Lee Silcox Cumberland Maryland 21502 NOV 14 1966 Charles Judge.	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14

23,800					CERTIFICATE		A 711		140	189
	all)		14986		CERTIFICATE	OF DE	:AIH		143	03
within 24 hours after deoth	funeral ford fer dend	T	LACE OF DEATH				ESIDENCE (Where deceose			e odmission)
p is	er d		county Alle	.gany	MARYLAND	o. STATE	Maryland	P. COUN.	Alleg	
aff.	the fur ages I rs affer		CITY OR TOWN (If outside co	orporate limits,	c. LENGTH OF STAY IN 16	II .	OWN (If outside corporate	limits, write RUR	4L and give neares	t tewn)
OUES	by Pa		write RURAL and give neare Cumberland.	isi lowiij		II.	umberland,			01-1
ਜੂ -	Pers.		. NAME OF HOSPITAL OR INST		give street oddress)	d. STREET AL				e is residence on a farm?
n 22	filled in by the papers. Pages thin 72 hours aft		545 Winifred	l Rd.		5	45 Winifred	Rd.		YES NO 🔀
/ith	completely f	3	NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	- + 1	
	carb		Type or print)	Ruth	Edna	Lechli	DEATH DEATH	Vov.	30,	19 66
mxmcmted	omplet ve car event,	5	0 605016		— — — — —	B. DATE OF BII		AGE (In years last birthday)	Months Doys	IF UNDER 24 HRS. Hours Min.
×	and comp		Female Whit			Nov. 1		39 yrs	1 10 0 700 00	NULL W
pe Pe		dur dur	USUA. OCCUPATION (Give kind ng most of working life, even if LACTICAL VIVIS (IND OF BUSINESS OR IDUSTRY		ACE (County & State or fore		12. C T ZEN OF COUNTRY S	WHA1
ate	E 5 E			He	ndustry ospetal		erland, Mar	grana	u, 5	. A.
ŢĘ.	physician nen please	13	FATHER'S NAME	t de contra						
Cel	ing ph Then remov	16	Dewey Lechle WAS DECEASED EVER IN US AR		SOCIAL SECURITY NO. 17	INFORMANT	tle Malone	Addres		
of the	attending p permit. The ion, or remo	(Ye	s, no, or unknown) (If yes give	uman ar dator of consumit			le Lechlite		- Clumb - M	d.
e o	affe on,		NO.			· ng//	LE LECILLE	12 J4J W1		ERVAL BETWEEN
requires that the duath certificate be			1B. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	JSED BY-	no Jasta 7	L. Z.	Ca (7	& lw	e/ 01	SET AND DEATH
육	by the tronsit cremat		1541 IMM	EDIATE CAUSE (o)	0	-1			1/	1
ires	signed buriol-t		Conditions, if ony, which gov	e) (b) Cl	alno (a.	de	ec ymu		4	- girs ag
redu	- v-o-o		rise to immediate couse (o stating the underlying cous), (DUE TO		/ ((eclid.	2emi	at me	sect.
ji S	s been os the orior to		last.	(c)					43	17 ago
ten t	Z O Z	2	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL I	DISEASE CONDITION GIVEN	IN PART I(o)	19	WAS AUTOPSY PERFORMED?
		CERTIF CATION							у	ES NO D
PITYSICIAN:	certificate hed for u	RTIF	200. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING COLCAUSE O	YG ☐ 205. DI	ESCRIBE HOW INJURY OCCURRED.	(Enter noture o	of injury in Port I or Port	II of item 1B.)		
YSIC	cert hed hed	J. CE	(IF EITHER, NOTIFY MEDICAL EX	AMINER)						(5.2.)
P ^d	this per per per per per per per per per per	MEDICAL	20c. TIME OF INJURY Month, Hour o.m.	While	Not While fort	CE OF INJURY (tory, street, offic		(City or town)	(County)	(Stote)
9 ÷	rer i rer d tate	×	p.m.	19 of wor	k U of work U					. 10 1 1 1
E 5	Aff d b se Si		21. I certify that (l) (this haspital) atten	ded the deceased fram	t doath acc	, 19, to	fram causes	, 19, th	nat (I) (we) la
	2 2 4		220, SIGNATURE	dive un	17, und the				22b. DATE SIGN	
OR ATT	DIRECTOR: ge 3 shoulded with the		STI.	ningen	M.	ATTENDIN D. PHYS.	G MED. DIRECTOR (STAFF PHYS.	12/2/66	
를 2 2 2 2	AL DIR		22c. PHYSICIAN'S	A 7	MIDI	22d. AD	DRESS			
	XA XY, P		NAME (Type)	1. VI.V.	MIRKIN		So. Centre	St. Cur	berland,	Md.
FO MOSPITAL	o FUNERAL director, po should be fi	230	DESAGMAL (Caracter)	3b. DATE THEREOF	23c. NAME OF CEMETERY OR		1	ATION (City or Tov		, ,
200	5 g & X			2/3/66	Hillcrest Bu	rial P			Allegany	
	VR A15 (4)	24	FUNERAL DIRECTOR	ot an Country	ADDRESS		2So. REC'D BY REGISTRA		GISTRAR S SIGNATÜI	1.1
	20 M 1/66	1	H. Wayne Geo	mae cumper	land. Waryland		DATE DEC 5	1936	" Carlotte	1 1



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

'		Middle of Middle great great was the great	o, oo in the one of the original or of the original	
2		14987 CERTIFIC	CATE OF DEATH	14990
and 2		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, if institution: Res	dence befare admission)
o do	(a. COUNTY ALLEGANY MARYLA	a. STATE MARYLAND b. COUNTY	LLEGANY
es es rife		b City OR TOWN (if autside carparate limits, c LENGTH OF STAY IN		
by the funera Pages 1 and aurs after déal		write RURAL and give negres town CUMBERLAND, MD. "26 days	CUMBERLAND	g
s. S.		NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE
impletely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after		SACRED HEART HOSPITAL	159 POLK STREET	YES NO L
# 1	3	NAME OF First Middle	Last 4 DATE Month	Day Year
campletefy nave carban y event, wi		DECEASED (Type or print) WALTER J. LI	EONARD OF DEATH 11	6 19 66
mpl e c	5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UNI	DER 1 YEAR IF JNDER 24 HRS. hs Days Haurs Min.
20 >	Ma	ALE WIDOWED DIVORCED	☑ 1-5-07 59 yis	
E e	10a	USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12	COUNTRY 2
T gar	guri	ing mast at warking life, even if retired) RETTRED INDUSTRY AUDITING	CUMBERLAND, MARYLAND	COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
signed by the attending phys burial-transit permit. Then p burial, crematian, ar remaval,		RALPH B. LEONARD	FLORENCE () LEONARD	
Jing ren	15	WAS DECEASED EVER IN 15 ARMED FORCES? 16 SOCIAL SECURITY NO	17 INFORMANT Address	
attending p permit. The Iran, ar rema	(Te	s, na, arunknawn) (If yes give war ar dates af service) UNKNOWN	PATIENT'S CHART	
pel righ		18 CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN
signed by the c burial-transit p burial, crematia		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pressmin	a + atelectana	ON EL AND DEATH
tra cre		DUE TO D		
rial,		Canditions, if any, which gave) (b) antertural	Obstruction	
		rise to immediate cause (a), stating the underlying cause	11 1 11-1-	5
been s the iar ta		lost (c) Ganperus Ita	ngulated Helnia, RISH	+ucers
as as as pric	25	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TENTO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
e he name	ATIO			YES NO
STATERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta	CERT FICATION		URRED (Enter nature of injury in Part I or Part II of item 18.)	
pa ju	GR	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
is c fach	MEDICAL		Oe. PLACE OF INJURY (Hame, farm, 20f (City or town)	(County) (State)
丰용급 -	E I	Hour a.m. 9 m. 19 While at work at work	factory, street, affice bldg., etc.)	9.0
Affe be Sta		21. I certify that (1) (this haspital) attended the deceased for	ram, 19, ta,	19, that (I) (we) last
the the		saw the deceased alive an19, ar	nd that death accurred atM, fram causes and a	in the date stated above.
B ∉€		22a. SIGNATURE	ATTENDING MED STAFE	b. DATE SIGNED
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		Jachard Gormales	1113; Different 1113; -	1-11-66
1 1 1 1 1 1 1 1 1 1		22c. PHYSICIAN'S	22d ADDRESS	7 7.7
d be		NAME (Type) / RICHARD E. SCHINDLER		rlans, Md.
and and and and and and and and and and	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET		(County) (State)
TO FUNERAL director, pa shauld be fi		Du 18	& PAUL CEMETERY CUMBERLAND, M	
0		FUNERAL ORECTOR BYRON KIGHT CUMBERLAND, MD	25a. REC'D BY REGISTRAR 25b. REGISTRAI	
VR A15 (4) 20 M 1/66		Ditton Middle Companies, Par	DATE NOV 2 1 1966 ACC	leaveles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

11 J. 11.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a COUNTY ALLEGANY · STATE MARYLAND b. COUNTY ALLEGANY MARYLAND b CITY OR TOWN (If outs de corparate I mits, write RURAL and give neorest tawn) c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) r TENGTH OF STAY IN 16 CUMBERLAND 2 DAYS CUMBERLAND. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL WASHINGTON ST. YES | NO X 3. NAME OF Middle 4 DATE Month Last DECEASED HAROL D S MALIN NOV (Type or pont) DEATH 9 AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days JULY 29. MALE WHITE WIDOWED DIVORCED 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10e USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIROPRACTOR COUNTRY? EMPLOYED BELAIRE, OHIO U.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME G. FRANK MALIN MARY SURFF SUTLIFF 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) ((If yes give war or dates of service) MEMORIAL HOSPITAL CUMBERLAND. 18. CAUSE OF DEATH (Enter only one cause per for (o), (b), NTERVAL BETW PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES [NO 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) Hour o.m. factory, street, office blda., etc.) ot wark ot wark 21 | certify that (1) (this haspital) (attended) the deceased fram_ and that death/accurred at 30P M, from causes and on the date stated above saw the deceased alive an 1 20. SIGNATURE 22h. DATE SIGNED DIRECTOR 22d. ADDRESS RICHARD J. WILLIAMS 122 S. CENTRE ST. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION. REMOVAL (Specify) Burial Hillcrest Burial Park Mear Cumberland.

Balto Ave, Cumberland Md NOV 28

250. REC'D BY REGISTRAR

256 REGISTRAR'S SIGNATURE

executed within 24 haurs after death .⊆ carban remave dny and requires that the death certificate be physician o aftending burial, crematian, **burial-transit** signed by stached far use as the Dept. af Health priar to has been O FUNERAL DIRECTOR: After this certificate be retained 0 filed with the director, page shauld be filed Page 4 may

and

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 11, 12 Film G203 122756 mb OF DEATH 14990funeral 1 and 2 er death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased rived, if institution. Residence before admission) o. COUNTY **b.** COUNTY impletely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after Allegany MARYLAND Maryland Allegany b CITY DR TDWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corparate firmits, write RURAL and give nearest town) write RURAL and give neorest town) Cumberland Cumberland d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE DN A FARM? Sacred Heart Hospital 109 Valley St. NO DO 3. NAME OF Middle Last 4. DATE Manth Year DECEASED OF DEATH 1966 William Mansfield (Type or print) IF UNDER 24 HRS. IF JAIDER YEAR S SEX DATE OF BIRTH AGE (n years 6 COLOR DR RACE 7 MARRIED NEVER MARRIED lost birthday) Manths Dovs Hauts 10/25/03 WIDOWED DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval. nen L Maru Elizabeth Brennen William T. Mansfield IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no ar unknown) (If yes give war ar dotes of service) 219-03-8042 Patient's chart burial, crematian, INTERVAL RETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause detached far use as the te Dept. af Health prior ta last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS!
PERFORMED? CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Not While factory, street, office bldg., etc.) at work at work 21. I certify that (1) (this hospital) attended the deceased fram 7-1- , 1966, to 11-25- 1966, that (1) (we) last director, page 3 should should be filed with the - 25 __ 1966, and that death occurred at _____M, from couses and on the date stated above. saw the deceased alive on.... 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF M.D. DIRECTOR PHYS PHYS 22d ADDRESS 22c. PHYSICIAN'S Cumberland, Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY St. Peters 23a BURIAL (REMATION, BREMOVAL Expecity) 23d. LOCATION (City or Town) DATE THEREOF 11/28/66 (County) (Stote) Westernport Md. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25g REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Westernport, Md. Mingley 20 M 1/66

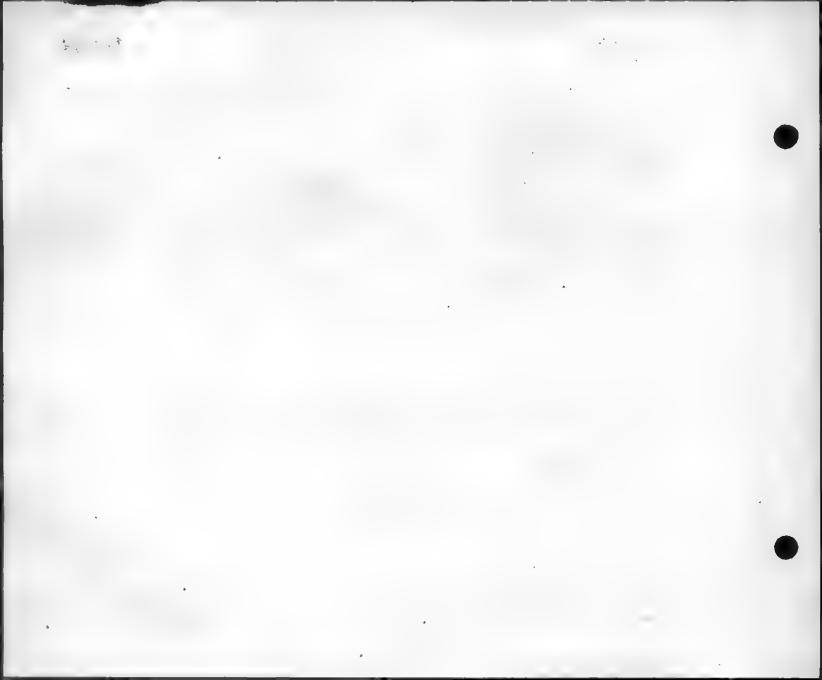
requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

certificate

O FUNERAL DIRECTOR: After this

MARYLAND STATE DEPARTMENT OF HEALTH



George Eichhorn Lonaconing, Md DATE

YES NO TE November 10 IF UNDER 1 YEAR | 1F UNDER 24 HRS 9 AGE (In years ost bythdoy) 12 C TIZEN OF WHAT COUNTRY? New Port News, Va. INTERVAL BETWEEN Sudden DEATH 19 WAS AUTOPSY PERFORMED? (County) Miles North, Cumberland, Alleg. Inquiry 📆, Undetermined monner 22. DATE SIGNED DEPUTY MEDICAL EXAMINER IN November 10, 1966 Address (Street, city, town, or county minberland. Md. 23d LOCAT ON (City or Town) (County) (Stote) 11/13/1966 Oak Hill Cemetery Longconing ADDRESS 2NOVE BY REGISTERS SECRETARY

Allegany

VR A15ME (5) 6M 1/66

24. FUNERAL DIRECTOR



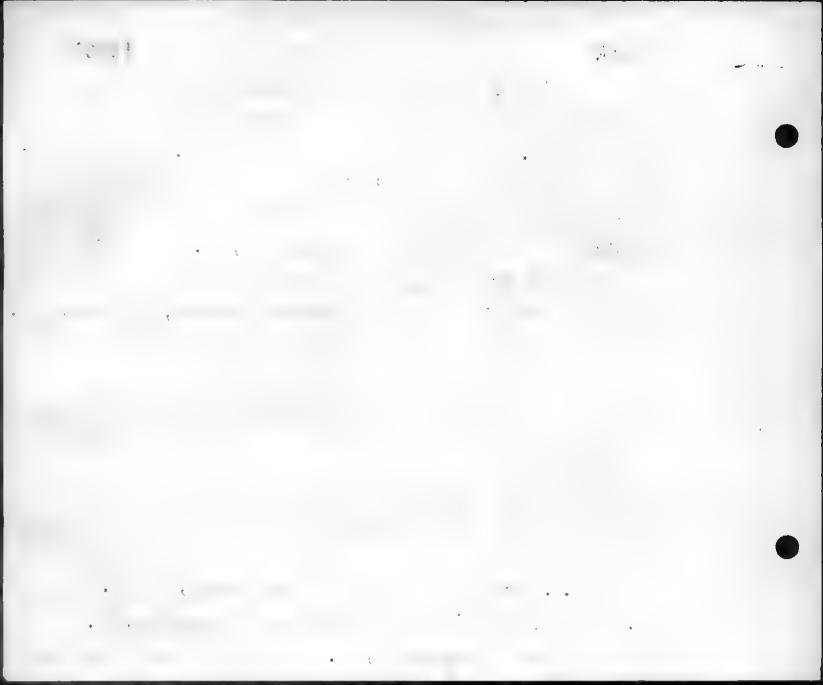
MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND

14992		CERTIFI	CATE OF	DEATH	,	14995	
1. PLACE OF DEATH					here deceased lived, if institu	non Residence before odm	ssion)
a. COUNTY	Allegany	MARYL	AND MS	ryland	b (OU	MAllegany	
b CITY OR TOWN (IF o	outside carparate limits,	c. LENGTH OF STAY IN			ode corparate limits, write RU	RAs and give nearest tow	1)
Lonaconi				Lonaco	ning		
	OR INSTITUTION (If not in h	aspital, give street oddress)	d. STREI	ET ADDRESS		8 IS I	A FARM?
Dougla	as Ave.			Doug	las Ave.	AE2 [NO K
3 NAME OF DECEASED	First	Middle		.ast	4. DATE Mon	th Doy	Year
(Type or print)	GEORGE	MC	Cormick		DEATH II	3/1966	19
Male 6	TiTL & A	NEVER MARRIED IDOWED DIVORCED	11/3	1/1894	9 AGE (In years last repiday) yrs.	Months Days Hau	IDER 24 HRS. Irs Min.
Oa USUAL OCCUPATION (G during most of working life Reture)	ive kind of work dane even if retired)	106. KIND OF BUSINESS OR INDUSTRY		THPLACE (County &	State, or fareign country)	12 C TIZEN OF WHA	T
13. FATHER'S NAME	<u> </u>			HER'S MAIDEN N			
	x McCormic	le .		Mary S	tafford		
15. WAS DECEASED EVER I	NUS ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN		Addr	ess	
(Yes, no, or unknown) (If	yes give wer or dates of services and war #	1(ce)	Marg	aret M	cCormick,	Lonaconing	, MD.
18 CAUSE OF DEAT	H (Enter anly and cause per	r line for (a), (b), and (c).)	0		(WI	INTERVAL	BETWEEN ID DEATH
PARI I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary	deller	Louz		OHJET A	DEATH
4201	DUE TO	20 -18	17	/	12 12 1		
Conditions, if any, w		Mune Ca	edien Va	al cert	of deseas		
stating the underly							
last.) (c)						
PART II OTHER SIGN	IFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMI	NAL DISEASE CONI	DITION GIVEN IN PART 1(a)	19. WAS PERF	AUTOPSY DRMED?] NO [_]
200 ACCIDENT WAS U CON CONTRIBUTING II CONTRIB	CAUSE OF DEATH	205 DESCRIBE HOW INJURY OCC	CURRED (Enter not	ure of injury in P	art I or Part II of item 18.)	·	
20c, TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	20d INJURY OCCURRED While Nat While of work at work	20e. PLACE OF INJU factory, street,	IRY (Home, form, affice bldg., etc.)	20f. (City ar fown)	(County)	(Stote)
21. I certify	that (I) (this haspital	attended the deceased t	ram 1/1	, 13	(de, to/1/2	, 1900, that (l) (we) la:
	eased alive an ///	2 1964,0	nd thát death	accurred at_	M, fram causes	and an the date sto	ated abave
220 SIGNATURE	11		ATTE	NDING	MED. STAFF	22b. DATE SIGNED	
1 4	Ik epple	e/	M.D. PHYS		DIRECTOR PHYS.		
22c. PHYSICIAN S NAME (Type)			22d	. ADDRESS		153	
MARIC (1 YPE)	R.W.Reeves				ernport,	Md.	
23g BURIAL, CREMATION,					23d. LOCATION (City of To		(State)
Burial (Specify)	11/5/1		11 Ceme		Lonaconi	ng, MD.	
24 FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D		EGISTRAR'S SIGNATURE	
GEORGE :	EICHHORN	Lonaconing	MD.	DATE	10V 7 1856	Milanley	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then theore come corban popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, ar remover, and swent, within 72 hours ofter death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the direct certificate by executed within 24 hours ofter Block. Poge 4 may be retained by the hospitol or attending physicion.

VR A15 (4) 20 M 1/66

Lonaconing,



1	4	9	9	3	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

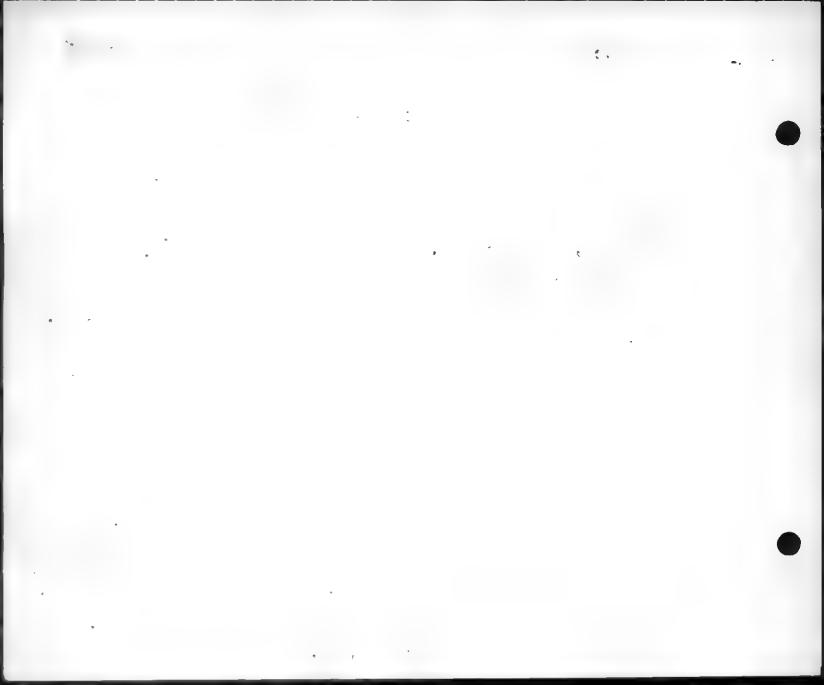
14996

	PLACE OF DEATH o. COUNTY						ed lived, of instituti	on: Residence	before odmission)
	b. COUNTI	illegany	MARYLAN	D M	arylan	ıd	D COOK	Alleg	any
	b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	c CITY	OR TOWN (If o	utside corporo	te limits, write RUF	AL ond give	neorest town)
		give neorest town)	45 Minute	-	Lonaco	ning			
		AL OR INSTITUTION (If not in hospit		d STREE	ET ADDRESS				e IS RESIDENCE ON A FARM?
	Memo	rial Hospital	w		Rocky	rille	Street		YES NO
	NAME OF DECEASED	First	Middle		os†	4 DATE OF	[M3		Doy Year
	(Type or print)	BLAINE		ickenz.		DEATH		/1966	
5		6. COLOR OR RACE 7 MARRI		B DATE O			. AGE (In years lost birthday)	Months	YEAR IF UNDER 24 HRS Doys Hours Min
	Male	White W DOW		J 9/18	3/1908		58 yrs		
dun	USUAL OCCUPATION on most of working	(G.ve kind of work done 1Dt life, even (£retired)	b. KIND OF BUS NESS OR INDUSTRY	I II BII	THPLACE (Stote	or foreign co	MD.		ZEN OF WHAT NIRY?
10	Employe	lite, even fretued)	INDUSTRY COPP.				ett,CO	U	SA SA
13	FATHER'S NAME	36 17 4		14 MO	HER S MAIDEN				
10		.n McKenzie	16 SOCIAL SECURITY NO	17 INFORMAN		Garl	Letz Addre		
(Ye	s, no, or unknown)	(If yes give wor or dates of service)	TO SOCIAL SECURITY NO				Addre	.22	
				Marie	McKe	nzie		conin	
	PART I. DEA	EATH (Enter only one couse per line TH WAS CAUSED BY		NARY	OCCLU	CTOM	(WI	E)	THERVAL BETWEEN
	443	IMMEDIATE CAUSE (o)	CORO	MAILI	OCCIO	PTOM			SUDDEM
	Conditions, if ony	DUE TO (b)	COR	ONARY	SCLE	ROSIS			
Ì	rise to immediat	e couse (o), (0010	VIULILL	DOLLO	TODIC	<u> </u>		
	stating the unde	rlying couse (c)						-	
	PART 11 OTHER SI	GNIFICANT CONDITIONS CONTRIBUTA	NG TO DEATH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE (O	ND T ON G VE	N IN PART I(o)		19 WAS AUTOPSY
TION									PERFORMED? YES NO TO
CERTIFICATION	200 EXTERNAL CA		DESCRIBE HOW INJURY OCCUR	RED (Enter not)	ire of injury in	Port I or Por	t II of item IB)		
	PRIMARY I or CO CAUSE OF DEATH	NTRIBUTING 🗆							
MEDICAL	20c TIME OF INJ			. PLACE OF INJU			(City or town)	(Coun	ity) (Stote)
ME	Hour o,r		thile Not While work of work	foctory, street,	office bldg , etc) [
	21. I certif	y that I took charge of the		e, held an Ai	itopsy .	Inspection	an X Inqu	iry X	and in my opinian
	death result	ted fram: Natural causes	Accident .	Suicide ,	Hamicide		ndetermined m	anner 🗍	
	ACTUAL /	1	Ti-		CHIEF MEDICAL	EXAMINER			
	ACTUAL SIGNATURE	renedicti	Ritarelie	MD	ASSISTANT MED				22. DATE SIGNED
	EXAMINER'S NAME (Type)	BENEDICT SK	CITARELIC,	M.D.	DEPUTY MEDIC Address (Stree	AL EXAMINER t, city, town,	XX Noven	berlai	13, 1966 nd, Md.
230	BURIAL, CREMATIC		23c NAME OF CEMETERY	OR CREMATOR	Y		CATION (City or To		County) (State)
	REMOVAL (Specify	al 11/17/19	66 Hillcres	t Came	terv	Cu	mberlan		0
24	. FUNERAL DIRECTO	R	ADDRESS					GISTRAR'S SIG	
	GEOR	GE EICHHORN	Lonaconing	g, MD.	DATE N	OV 17	1966	Millay	les Judge

FOR STATE HEALTH DEPT, caly deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 ta PM3 Page in any event within 72 hours ofter death liges I and 2 with the State Department Examiner's Office along with farm TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If the funeral director Page 4 shauld be farwarded to the Chief Medical 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 showld to used as buriof-transit permit meath or its designated agent, prior to burial, cremation, or removal.

VR A15ME (5)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	4	9	9	4	
-	45	~	V	-	

CERTIFICATE OF DEATH

14997

28	1	TXOOA										
ارس		PLACE OF DEATH					2 USUAL RESIDENCE (Where deceos			e before admiss	on)
		o. COUNTY	LLEGANY		MAR	YLAND	o. STATE MARYI	AND	P CON		EGANY	
		b CITY OR TOWN (IF	outside corparate limits.		C LENGTH OF STAY I	IN 1b	c CITY OR TOWN (If or		ote limits, write RUR			
		Write RURAL and	give neorest town) LAND		28 YEARS	5	CUMBERI	AND				
	-		L OR INSTITUTION (If not	ın haspital, g			d STREET ADDRESS				e IS RES	DENCE
3		SACR	ED HEART HOS	SPITAL	,		81.0 A	SHLAN	D AVE.		YES [NO K
		NAME OF	First		Middle		Lost	4 DATE	Mont	h	Doy Y	roe
		DECEASED (Type or print)	WALTER	AR	CHIBALD	MC K	INNEY	OF DEATH	NOVEMBE			66
	Š. !	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	19	AGE (In years Jost birthday)	F UNDER 1 Months	YEAR IF UNDE	R 24 HRS.
		MALE	WHITE	WIDOWED	DIVORCE		NOV. 4. 188	8 '	78 Yrs.	MOULTS	none uone	MHO
1		SUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DJSTRY		11 BIRTHPLACE (County		reign country)		ZEN OF WHAT	
/	C	ng most of working li ONTRACTOR	ie, even it retired)		HILDING				OHIO		U.S.	A.
		FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		SAI	MUEL C. McK	INNEY			ANNA	DE HAT	VEN			
	IS.	WAS DECEASED EVER	R IN U.S. ARMED FORCES? (If yes give wor or dotes of s	16. S	SOCIAL SECURITY NO.	17. 6	NFORMANT		Addre	155		
	(10	NO	It les dive wor or cores or s	21	3 22 2981		PT'S C	HART				
		18 CAUSE OF DEA	ATH (Enter only one couse	per line for	(o), (b) ond (c).)						INTERVAL BE	
		PARI I DEATI	H WAS CAUSED BY IMMEDIATE CAUSE (o) <u>Co</u>	ronary H	leari	: Disease				2 onset and	rs_
		•	DUE TO	٥								
		Conditions, if ony, rise to immediate	couse (n)	,								
		stating the underl		٥								
		lost.) (c			<u>-</u>						
	8	PART II. OTHER SIG	ENIFICANT CONDITIONS COM	TRIBUTING TO	O DEATH BUT NOT REL	LATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVE	EN IN PART 1(o)		19 WAS AU PERFORI	MED?
	B		Diabetes: 1								YES	NO -E
	CERTIFICATION	20o ACCIDENT WAS OR CONTRIBUTING (20b DES	SCRIBE HOW INJURY O	CCURRED	Enter noture of injury in	Port I or Por	t II of item 18.)			
		(IF EITHER, NOTIFY A	MEDICAL EXAMINER)					1 -000				15
	MEDICAL	20c TIME OF INJUI	RY Month, Doy, Yeor	20d IN While	JURY OCCURRED Not While		TE OF INJURY (Home, form pry, street, office bldg., etc.		(City or town)	(Cou	nty)	(Stote)
	×	p.m		ot work	et work		, , ,					
			y that (I) (this haspi		ded the deceased	from	5 - 7	19,63,1	0_11-6			
		saw the de 220. SIGNATURE	eceased alive an	7) -	619_66,	and tha	t death accurred at	OD V	A, fram causes		TE SIGNED	d abave.
		220. SIGNATURE		\leq			ATTENDING PHYS.	MED.	STAFF		7-66	
		22c PHYSICIAN'S	· 74 4. /c	Ju-		I.M.	PHYS. L3C	DIRECTOR	LI PHYS. L]	, ,	
		41 5 44 F Zm - B	Ralph W.	Balli	n. M.D.	62 (reene St.	Ciam'	her? and	_ Md _	2150	
/	230	BURIAL, CREMATION			23c NAME OF CEMI				CATION (City or To	7	(County) (Stote)
	100	REMOVAL (Spraty)			FOREST H				PIQUA, OH		(//	,
	24	FUNERAL DIRECTOR	}		ADDRESS			D BY REGISTI	RAR 25b_RE	GISTRAR SEST	GNATURE ()	dar -
		BYRON	KIGHT	CUM	BERLAND, M	D.	DATE		0 1966	fice	rus fr	7

O HOSPITAL OF ATTENDING PHYSICIAN: The law requims that the death certificate be executed within 21 hours after leath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, crematian, or removal, and include you event, within 72 hours after departs. lage I may be retain d by the hospital or attending plysician.

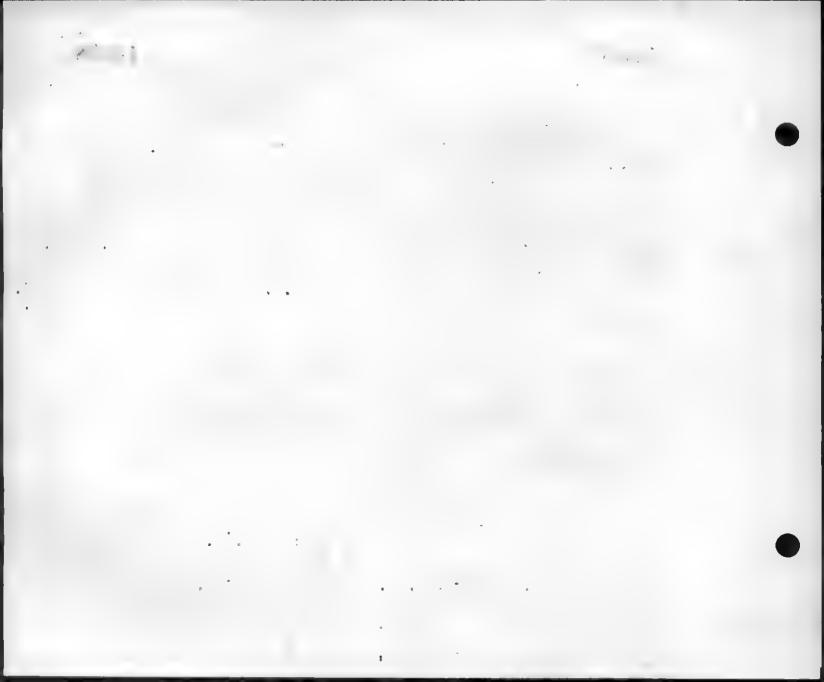


	14995			CERTIFI	CATE	OF DEATH			14998	Q	
T	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased liv			re admissi	on)
1.	a. COUNTY	lêgany		MARYL	.AND	o. STATE Mary	land	b COUN	N Alle	gany	
	b CITY OR TOWN (If	autside carparate limit	5,	c LENGTH OF STAY N		c CITY OR TOWN (IF ou	itside carparate lin	nits, write RUR	At and give neare	st town)	
		give negrest town) erland		5/15/195	59	Fros	tburg			4	1
		L OR INSTITUT ON (If no				d STREET ADDRESS				e IS RESIE	DENCE
	Alle	g any Co ur	ity I	nfirmary		199	E. Mai	n St.		C	NO X
3.	NAME OF DECEASED	Fil		M _r ddle		Lost	4 DATE	Manth		,	CI.
	(Type ar print)	Clay	yton			rrbach		ovembe			66
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH		E (In years E birthday)	Months Days	IF UNDER	R 24 HRS
		White	WIDOWE			/19/1906	0	O yrs.			
	USUAL OCCUPATION I ring most of working li TTPA:	(Give kind of work done to even if retired)		KIND OF BUSINESS OR INDUSTRY Det weaving		BIRTHPLACE (County Maryle		cauntry)	12 CITIZEN C	F WHAT	
-	FATHER S NAME	Dabor-or	pas	poo 110a12116		14. MOTHER'S MAIDEN			0. 2	. 23.0	,
1		Merrback	2				ah Ale	xande:	r		
15	MAC DI CE SCED DIED	THUR E ADMICD CODCECS	T 14	S SOCIAL SECURITY NO	17 1	NFORMANT P.O.I				and,	Md.
(1)	es, ng, ar unknawn) (No	If yes give war ar dates o	of service)	217-30-1248		llegany C					
		ATH (Enter only one cau	ise per brie f	ar (a), (b), and (c))	1 10	T . D D	****			TERVAL BET MSET AND E	
		H WAS CAUSED BY IMMEDIATE CAUSE	(a) 1/A	Lyolan	ule	4, aks, a	equipe	are	Socialo	YOU AND E	JERIT!
L	422	DUE	TO(2) Q	eteris Se	ler	oxes, se	ceral				
	Conditions, if any, rise to immediate	rauca (a)	(b) 2/ D	in Gra	7	6.3	Decion	4-1-1			
	stating the underl		(A) 4	the Ern	Sing	30	10/20	/			
П		NIFICANT CONDITIONS C	ONTRIBUTING	FO DEATH BUT NOT RELA	JED TO 1	HE TERMINAL DISEASE COL	NDITION GIVEN IN	PART 1/o)	119	. WAS AUTO	OPSY
100	TAKE N. ONIEK SIO	WITCHITT CONDITIONS	Ollikibolija	JO DENTIS BOT HOT KEEN		THE TERMINE DISERSE CO.	NOTITION OFFER III	1101		PERFOR M	NO T
E S	20g ACCIDENT WAS	LINDERLYING CT	205	DESCRIBE HOW INJURY OCC	CURRED.	Enter nature of injury in	Port I or Part II o	f item 18.1		113	110 L
CERTIFICATION	OR CONTRIBUTING O	CAUSE OF DEATH									
MED CAL	20c TIME OF INJUI	RY Manth, Day, Year	20d			E OF INJURY (Hame, form		y or town)	(County)	((Stote)
MED	Hour a.m.	10	Whi	ile Nat While ork of work	fact	ory, street, office bldg , etc.)					
	21. I certif	y that (I) (this has	pital) atte	nded the deceased f	ram	5/15/1959	19, ta	1/19/	1966	hat (I) (
	saw the de	ceased alive an	11/19	166_19, a	nd thai	death occurred at	P M, fr	am causes c			d abave
	22a. SIGNATURI	1 00	7	- 20		ATTENDING ACT	MED.	STAFF	22b DATE SIG	4	,,
1		Julia	heur		M.I	D. PHYS X	DIRECTOR X	PHYS. K	11/2	1779	20
	22c. PHYSICIAN'S NAME (Type)	Lee B.	Mathe	ws, M. D.			ne St.,	Cumbe:	rland,	Md.	
23	a BURIAL, CREMATION			23c. NAME OF CEMET	ERY OR	REMATORY	23d. LOCATIO	ON (City or Tov	vn) (Caunt	y) (S	State)
	REMOVAL (Specify)			Zion Evan.	& R	eform Cem.		stburg	. Md.		
- Breeze	4. FUNERAL DIRECTOR		w 4.0"	ADDRESS	- Ca. 11	2So REC'I	D BY REGISTRAR	25b, DE	GISTRAD'S SIGNATI	REAR	
	Joseph R.	Durst. Sr	Fro	ethung Md		NUA	2.8 1956	1 to	arles Ju	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicide and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removat-and in any event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14996 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o COUNTY MARYL AND MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carporate limits. C. LENGTH OF STAY IN 16 write RURAL and give nearest town) DAYS LONACONIN CUASERLAND d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) MARYIS MEMORIA! 4. DATE 3. NAME OF First Middle Last DECEASED NOVEMBER MEYERS Η. ELIZABETH DEATH (Type or print) 9. AGE (In years B. DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED dest birthdoy) 12-25-1881 DIVORCED and in any WIDOWED FEMALE WHITE 10o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most at working life, even if retired)
Retired School INDUSTRY LONACONING. MD. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ELIZABETH CANUP JOHN MEYERS 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, or unknown) (If yes give war or dates af service MEMORIAL HOSPITAL burial, crematian, PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave 91111M0744 rise to immediate cause (a), DUE TO stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ASCV Dise 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Nat While at work ot wark . 19 , to That 28 21. I certify that (I) (this haspital) attended the deceased from No 26 1966, and that death accurred at 6AM M, fram causes and an the date stated above. saw the deceased alive an Nu 29 220 SIGNATURE DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 401 DECATUR ST CARDIONSBELD 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 11/30/66 St. Marvs Cemeterv Lonaconing 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS

Lonaconing, Md.

The law requires that the dwath certificate be executed within 24 haurs after Math camptetely filled in by the funeral nave carbon papers. Pages I and ny event, within 72 haurs after deat permit signed by the burial-transit by the haspital ar attending physician. be detached for use as the State Dept. af Health priar ta **DIRECTOR:** After this Page 4 may be retained directar, page 3 shauld should be filed with the O FUNERAL

e 15 RESIDENCE ON A FARM? YES NO we Day IF UNDER 1 YEAR IF UNDER 24 HRS 12 CITIZEN OF WHAT COUNTRY? CUMBERLAND INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPS PERFORMED? NO (County) (State) 22b. DATE SIGNED

(State)

Md

(County)

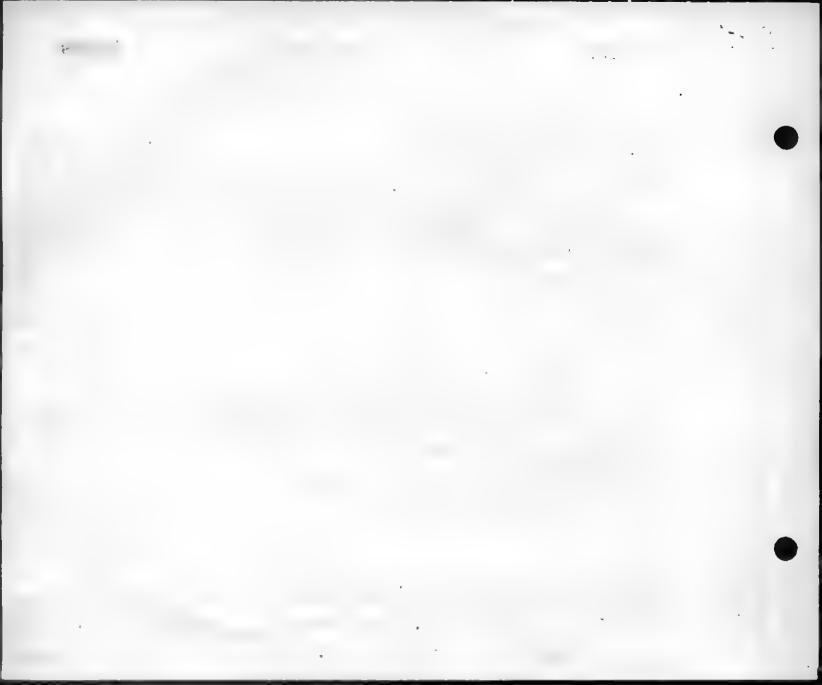
DATE DEC 2

1966

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

George Eichhorn



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14997

CERTIFICATE OF DEATH

15000

	PLACE OF DEATH a. COUNTY					SUAL RESIDENCE (Where deceosed lived, if	institution: Res	idence before oc	lmission)
	ALLEC	ANY		MARY		MARYT	מא	AT	TEGANY	
	b city or town (1	autside carparate limi give nearest tawn)	rs,	c LENGTH OF STAY II	N 1b c. C1	Y OR TOWN (If o	utside carparote limits, v			wn)
	CHMBIERT	AND				CHMBERT.	UND.			
	d NAME OF HOSPITI	LOR INSTITUTION (If n	ot in haspital, g	give street address)	d. 51	REET ADDRESS			e. IS	RESIDENCE N A FARM?
_	SACREE	HEART HOS	PITAL			7 N PAL	T PAW WAY		YES	□ NO 🔀
3	NAME DF DECEASED (Type or print)	CT.ARA	rst .	Middle	MINKE	Lost	4 DATE OF DEATH NO	Manth VEMBER	Day	Year 19 66
S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DF BIRTH	9. AGE (n ·	ears IF JN		JNDER 24 HRS.
	FEMALE	MHTTPE	WIDOWED	DIVORCED	12	10-99	last birth	yrs Manti	ns Days H	ours Min.
100	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR			& State, or foreign counts	y) 12	CITIZEN OF WI	HAT
dur	ing mast of working	ife, even if retired)	IN	IDUSTRY		CITATION 13	ANT MATRIT	4377	COUNTRY?	0 1
13.	FATHER S NAME				14.	MOTHER S MAIDEN	NAME MARYT	ANU	- U	S.A.
			(-)					(-)		
10		IN U.S. ARMED FORCES		SOCIAL SECURITY NO.	17 INFORM	MATTLD	(NUTT)	Address		
(13	es, no, or unknown)	(If yes give wor or dates	af service)	SOCIAL SECURITY NO.	17 INTOKI	reset i		MUUIGA		
					P	US_CHARI	h			
		ATH (Enter only one co H WAS CAUSED BY,	use per une for	(b), (b), and (c))	1.		11 16.	1		AL BETWEEN AND DEATH
	PARE I. DEAT	IMMEDIATE CAUSE	(a)///nt	mm >	Ulum	1/100	nunter	of any	VV 1 sil	1/2/
	+4. /	DUI	TOV ,	111	611	1/1/		l .	1 this	178
	Conditions, if any,		(b) /1-	dete ~	CV	1 4 20	(1.00)		7/10	
	rise to immediate		12 0	C/125	1/ 1/	7/-			73	100
	<u>last</u>	}	(d) 1.1	My 1	M	1 ll m	my _		Mr	rill
ATION	PART II. OTHER SH	GNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT REL	ATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN PART	1(0)		S AUTOPSY RFORMED?
MEDICAL CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DE	SCRIBE HOW INJURY OF	CURRED. (Enter	noture of injury in	Part I ar Part II of item	1B.)		
SE		RY Month, Doy, Year		NJURY OCCURRED	20e. PLACE OF I	NJURY (Hame, farr	n, 20f. (City or t	awn)	(County)	(State)
Š	Hour o.n	10	White at wor		toctory, str	et, affice bldg., etc)		, ,	
				ded the deceased	from Vaca	many .	1967. to 1/2	in L	194 Ethot	(1) (we) las
	saw the de	ceased glive an_	Min			h accorred a			n the date s	1 / 1 /
	220. SIGNATURE	hlund	les			TENDING P	MED STAI	FF 🖂 🖊 .	DATE SIGNED	6
	22c. PHYSICIAN'S NAME (Type)	b'				2d. ADDRESS		- 1	7	
	NAME (Type)	R. B. SCHI	NOLER.	MD.M	1	3 GREEN	ST CUMBE	RLAND.	MD.	
23	BURIAL, CREMATIC	23b. DATE TH	EREOF	23c. NAME OF CEME	TERY OR CREMA	ory Con	23d LOCATION (Ci	ty or Town)	(County)	(State)
2	. FUNERAL DIRECTO		0	ADDRESS	11.1	3 25o. REC	D BY REGISTRAR	2Sb. REGISTRAR		
0	Louis.	steen	Lnc	(und	- MO	DATE N	OV 7' 196	6 yell	arles &	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provided and campletely filled in by the funeral director, page 3 should be detached for use as the bertal-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14998 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where dereased lived if institution Residence before admission) b. COUNTY a. COUNTY O. STATEMARYLAND ALLEGANY ALLEGANY MARYLAND C THIGH PE SAY IN IP b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
CUMBERLAND I A VALE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? LUCAS HEIGHTS NO MEMORIAL HOSPITA 3 NAME OF Lost 4 DATE Month carbon DECEASED OF DEATH NOV. 19 66 BOY NAVE (Type or pnnt) 9 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH remove lost birthday) NOV. 23.66 any MALE WIDOWED DIVORCED WHITE ond 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physicion o during most of working life, even if retired) INDUSTRY CUMBERLAND. MD. 14. MOTHER'S MAIDEN NAME nit. Then ple or removol, (13 FATHER'S NAME JUDITH E. BLIZZARD CLYDE NAVE 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, grunknown) [(If yes give wor or dates of service)] 16. SOCIAL SECURITY NO. 17 INFORMANT HOSPITAL.CUMBERLAND.MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), signed by the burial-tronsili burial, crejmen PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause Ф has been lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X TO FUNITAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (Caunty) (State) Hour a.m. factory, street, affice bldg., etc.) Not While at wark at work 21. I certify that (1) (this hospital) attended the deceased from 19____, that (I) (we) last M. from causes and on the dote stated above. and that death occurred di saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR director, page 3 should be filed v PHYS 22d. ADDRESS 22c. PHYSICIAN S DR. ROBERT D. BRODELL NAME (Type) 500 GREEN ST., CUMBERLAND. 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) CUMBERLAND, ALLEGANY 26-66 MEMORIAL HOSPITAL 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles VR A15 (4) 20 M 1/66 1966

requires that the death certificate be executed within 24 hours ofter death

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1499	Q		CERTIFIC	CATE	OF DEATH		15002		
		PLACE OF DEATH						Where deceased lived, if institut an			
	0	z. COUNTY	ALLEGANY		MARYLI	AND	o. STATE MAT	RYLAND b. COUNTY	ALLEGANY		
	1	CITY OR TOWN (f outside carparate limit	5,	c LENGTH OF STAY IN	16	ε CITY OR TOWN (If ou	tside carparate limits, write RURAL	ond give necrest town)		
		FROST	g.ve nearest tawn)		4 DAYS		MT	SAVACE	, ,		
			AL OR INSTITUTION (If n	at in haspital			d. STREET ADDRESS		e. IS RESIDENCE		
1		MINER	S HOSPITAL						ON A FARM? YES NO TO		
		NAME OF	F	rst	Middle		Lost	4. DATE Month	Day Year		
	1	DECEASED (Type or print)	MATII	DA			NEDER	DEATH NOVEMBER	15, 19 66		
	5 5	SEX	6 COLOR OR RACE	7. MARRIE	NEVER MARRIED		. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min		
	F	EMALE	WHITE	WIDOWE	DIVORCED		UG. 26, 187	177 Igst birthday) A	mullilis pays roors mill		
	dur	usual occupation ng most of warking OUSE WOR	(Give kind of work dane life, even if rehred)	10b.	KIND OF BUSINESS OR		11 BIRTHPLACE (County MARYLA	& State, or foreign country) LND	12 CITIZEN OF WHAT COUNTRY? S.A.		
		FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
		ADAM W	ORKMEISTER				DOROTHEA	NICKEL			
	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES		6. SOCIAL SECURITY NO.	17 1	NFORMANT	Address			
	(Ye	s, no arunknawn)	(If yes give war ar dates	of service)	NONE	JO	OHN W. NEDER	R, MT. SAVAGE, 1	MD.		
		18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO									
		Conditions, if any			ROHIC N	5 D	boosdes	2008 6	24EARS		
		rise to immediat	e cause (a), (10	N-//						
ĺ		stating the underlying couse (c)									
		PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	S TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(a)	- 19. WAS AUTOPSY PERFORMED?		
A STATE OF THE STA	NOIL	23. 1			RY FIBRO	*	A second	1 Phy SEMA	YES NO		
	THE	20a ACCIDENT WA	S UNDERLYING 🗀					Port I or Part II of item 18.)			
	8		MEDICAL EXAMINER)								
	MEDICAL CERTIFICATION	20c TIME OF INJ Hour a.	10	Wh			E OF INJURY (Home, farm ary, street, affice bldg., etc.)		(Caunty) (State)		
		2) certi	fy that (I) (this ha	spital) atte	ended the deceased f	rom	nov. 11.	9.66 to nov- 15	7, 19 <u>66</u> , that (I) (we) la		
		sow the d	eceosed alive on 🗸	lov.	<i>i</i> 5 19 66, or	nd that	death occurred of	M, from couses ar	nd an the date stated abov		
		22a. SIGNATURE	Paine	Ats	ory	M.C	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	22b. DATE SIGNED		
/		22c. PHYSICIAN'S NAME (Type		5-E (STRONG		22d ADDRESS	ostburg,	43.		
	230	BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d LOCATION (City or Town	n) (County) (Stote)		
	B	UFCLAL (Specify	NOV.	9 166	EPISCOPAL	CEN	ETERY	MT. SAVAGE.	MD.		
1		. FUNERAL DIRECTO	W100 V W	/	ADDRESS		250_ REC'I	BY REGISTRAR 25b. REGIS	STRAR S SIGNATURE		
W.		JOSEPH 1	R. DURST, S	R., F	ROSTBURG, MD		NARV	2 1 1966 gclia	exles Judge		

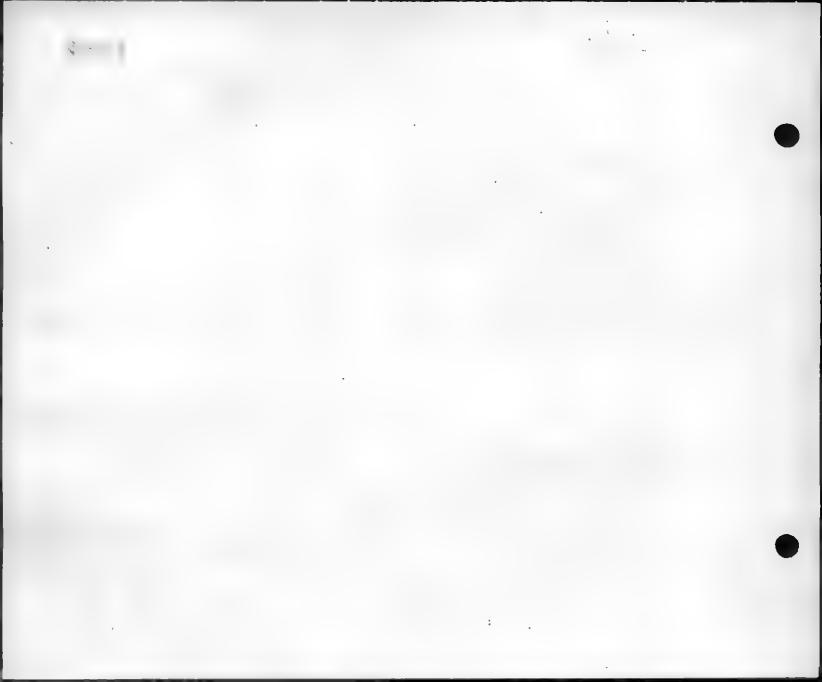
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending ullystican and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages a and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 2 20 M 1/66

e executed within 24 haurs after death.



	D	ivision of STATIS				ARTMENT OF HI W. PRESTON STRE		LTIMORE, MARYL	AND 212	01	
	15000			CERTIF	ICATE	OF DEATH			15	003	
		LEGANY		MAR)	LAND	2 USUAL RESIDENCE (V o. STATE MARY	LAND	b. COUN	ITY AT.	LEGANY	ion)
_	CUMBERLAN d NAME OF HOSPITA	outside corporate limiti give nearest town) VD OR INST TUTION (If no CART HOSPIT	t in hospitol g	c LENGTH OF STAY I		c CITY OR TOWN (If outside corporate nemits, write RURAL and give nearest town) CUMBERTAND d. STREET ADDRESS ON A FARM? 702 N. MECH ANIC ST. USE NO. 4					
	NAME OF DECEASED (Type or print)	CHARI	st	Midd e FERD INA		NEE LOST	4 DAT OF DEA	E Mont	h	11/26/	
\$	MALE MALE	6 COLOR OR RACE WHITE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	IX. B	10/9.97		AGE (In years 9ost birthday)	Months	Doys Hours	R 24 HRS.
dur	ing most of working if	(Give kind of work done te, even if retired) e employee	INI	ND OF BUSINESS OR DUSTRY ed		Pennsylva 14. MOTHER'S MAIDEN I	nia	r foreign country)	12 CITI COL	ZEN OF WHAT	
10.	TATTICK 3 NAME	Jacob Nee				17, MOTHER STRIPLING	NATIVIC.	Maria Jag	Ţ		
1S. (Ye	WAS DECEASED EVER is, no or unknown) (IN U.S. ARMED FORCES? If yes give war or dotes o	f cornical	OCIAL SECURITY NO. 1-18-7738	17. 11	PT'S C	HART	Addre	955		
		ATH (Enter only one cou I WAS CAUSED BY: IMMEDIATE CAUSE	1	(o), (b), and (c).) ONGIEST	115	HAA	AT.	FAILU	RIT	INTERVAL BE ONSET AND	
	Conditions, if ony, rise to immediate stoting the underl	couse (o),	(b) C C			NALE MPHYSE	5 m +			54P;	2.5
CATION	PART II OTHER SIG) NIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	he terminal disease con	IDITION G	OVEN IN PART 1(0)		19 WAS AJ PERFOR. YES	TOPSY
L CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY N	CAUSE OF DEATH	205. DES	SCRIBE HOW INJURY O	·	Enter noture of injury in					
MEDICAL	Hour o.m. p.m.	. 19	While of work		focto	E OF INJURY (Home, form ry, street, office bldg., etc.)			(Cou		(State)
	21 certifi	v that (I) (this has	nital) attend	led the deceased	tram	NUNE .	960	10 11-23	. 19	Che that (1)	(we) last

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending office and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs attac death.

O HOSFITAL OF ATTINGING PHYSICIAN: The law requires that the Leath certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

19 66 and that death occurred at 186M, from causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS.

M.D

22c. PHYSICIAN'S NAME (Type)	126 N SMALLWOOTS	22d.
LIPIAL CREMATION	236 DATE THEREOF 23c, NAME OF CEMETERY OR CREA	HATOPY

ADDRESS 22d. UMBBRLAND

LOCATION (City or Town)

(County) (Stote)

BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR

230.

23b DATE THEREOF /29/66

Sunset Memorial Park ADDRESS

Allegany Maryland Cumberland REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 25Ь.

H.Lee Silcox Cumberland Maryland 21502

22b. DATE SIGNED



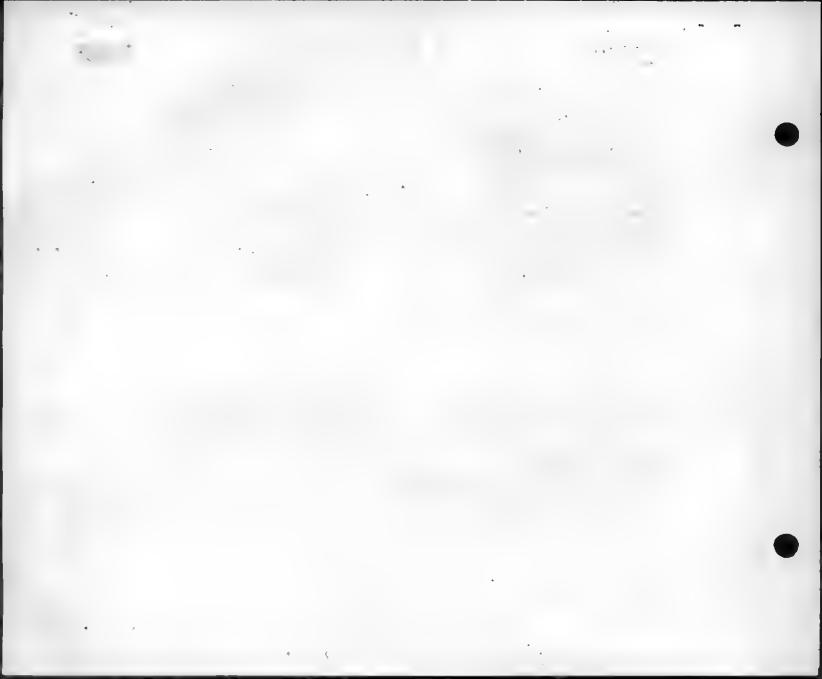
				Division of STATIST	ICAL RESEA	ARCH AND RECORD	5, 30	I W. PRESTON STRE	ET, BALTIMORE	, MARYLAN	ID 21201	
1 2			15001			CERTIFIC	ATE	OF DEATH			1500	4
de de de de de de de de de de de de de d			PLACE OF DEATH					2. USUAL RESIDENCE (V	Yhere deceosed lived		Res dence before	e odmission)
rs after death		'	. COUNTY	legany		MARYLA	ND	o STATE Maryl	and	b. COUNTY	Alle	ganv
the fages			CITY OR TOWN (I	f autside corparate limits	,	C LENGTH OF STAY IN		CITY OR TOWN (If ou		, write RURAL		
n by the s. Pag				give neorest town) rland		36 yrs		RURAL FL	INTSTONE			21.1
hat n b		Η,	I. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospital, a	rive street address)		d. STREET ADDRESS				on a farm?
requires that the death certificate be executed within 24 haurs after death g physician. I signed by the attending physician and campletely filled in by the fungtal burial-transit permit. Their please remove carban papers. Pages I and 2 burial, crematian, ar remackets in any event, within 72 haurs after death.	15			n Retreat	, ,							YES NOXX
uted within 2 impletely filler we carban pat event, within	b (NAME OF	Fire	st	Middle		Lost	4. DATE	Month	Doy	Year
ne executed withing and campletely fremove carban in any event, with			Type or print)	Warren				Nolan	OF DEATH	Novem	ber 11	1966
mpl e co		5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	X	8 DATE OF BIRTH	9 AGE (UNDER 1 YEAR onths Doys	IF UNDER 24 HRS. Hours Min.
execution campaint ca			Male	White	WIDOWED	DIVORCED		February 4.	1895 71	Yrs.	onins Doys	110015 MITI.
and ren		100	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (County		intrγ)	12 CITIZEN OF	TAHW
6 2		qui	ng most of working NONE	ife, even if retired)	IN	DUSTRY NONE		ALLEGANY	, MARYLAN	.D	COUNTRY?	A
physician physician er please		13.	FATHER'S NAME			WOTHE		14. MOTHER'S MAIDEN I	*			
E 6 5 2			HET.	MIAH NOLAN				SUSANNA	SMTTH			
eath ce anding nit. Th ar rem		15.	WAS DECEASED EVE	CADADA GAMAD SULINI S	16.	SOCIAL SECURITY NO.	17.	INFORMANT	W4 14 4 4 4	Address		
at the death cel the attending parisit permit. The matian, ar remo		(Ye	s, no, or unknown) NO	(If yes give wor or dotes o	f service)	ONE	SY	LVAN RETREA	T RECORDS	, CUMBI	ERLAND,	MD.
that the dian. by the attertransit perrecemation,			18. CAUSE OF DI	ATH (Enter only one cous	se per une for	(o), (b), ond (c).)	5	- 0 0				ERVAL BETWEEN
s that the cian. It by the transit cremat				H WAS CAUSED BY- IMMEDIATE CAUSE	(a) (1) 74	lacerel	Le.	o Okn, de	Echner	alers	UN	SET AND DEATH
vires th hysician. gned by urial-tra]	4221	DUE	TO							
physici physici signed burial- burial,			Conditions, if ony	which gove	(b) (D) a	slexes 5	O Ca	LEKES G	MIRON B	0		
sig bu			rise to immediat	e couse (a), DUE	TO (3)			, , 0				
ding ding een the tr			lost)	(c) (C) 1/4	ceela?	25	Leccuse	60:6	2/		
la la la la la la la la la la la la la l		2	PART II OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING 1	O DEATH BUT NOT RELAT	ED TO	THE TERMINAL DISEASE CO	DITION GIVEN IN PA	RT 1(0)	19.	WAS ALTOPSY PERFORMED?
AN: The law real or attending is at a street or attending frage has been for use as the Health priar to	0	CERTIFICATION						/				ES NO
AN al o icat icat far He		TEEC	200 ACCIDENT WA	UNDERLYING 🗆	205. DE	SCRIBE HOW INJURY OCC	JRRED.	(Enter noture of injury in	Part I or Part II of i	em 1B.)		
NING PHYSICIAN: Th∎ taw r by the haspital or attending frer this certificate has been be detached far use as the State Dept, af Health priar to				CAUSE OF DEATH MEDICAL EXAMINER)								
PHYSIC ne haspi this certi etached Dept. a		MEDICAL	20c TIME OF INJU-	IRY Month, Doy, Year		NJURY OCCURRED 2		CE OF INJURY (Hame, form tory, street, office bldg., etc.)		or town)	(County)	(Stote)
by the officer of the		쁗	p.r	n. 19	While of worl	k la ot work						
			21. I certi	fy that (I) (this has	oital) atten	ded the deceased fr	am	reb 4,	9 <u>30</u> , ta _ N	ov. 11	_, 19 <u>_66</u> tl	at (I) (we) las
E Se le				eceased alive an	Nov.	11 19 66 ar	d tha	it death accurred at	9±30PM, fran	i couses and		
OR ATTENI be retained DIRECTOR: A ge 3 shauld led with the		ŀ	220. SIGNATURE	1		THE STATE OF THE S		ATTENDING	MED DIRECTOR	STAFF -	22b. DATE SIGN	IED
OR be r			_ \	2 WCLL	11/3	14	M.	D. PHYS. L.J. 22d. ADDRESS	DIRECTOR L	PHYS.		
TAI AI Pag	1		22c PHYSICIAN'S NAME (Type	L. B. Mat	hews,	M.D.		49	Greene St	., Cum	berland	, Md.
O HOSPI Page 4 n O FUNER directar,	,	73.	BURIAL, CREMATIC	ON. 23b DATE THE	REGE	23c. NAME OF CEMETE	RY OP	CREMATORY	23d LOCATION	(City or Town)	(County) (Stote)
₹ 8 3 1 1 2		230	REMOVAL (Specify) '					250 252.111011			MARYLAND
5 5	N		. FUNERAL DIRECTO		7,1700	PINEY PLA	LIVO	2So. REC'	D BY REGISTRAR	2Sb REGIST	TRAR'S SIGNATUL	SE TOTAL
VR A15 (4) 20 M 1/66	110			KTGHT	(CUMBERLAND.	MD		OV 1.5 19	166 0	Charles	Judge.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

/		15002			CERTIF	ICATE	OF DEATH		15	1115_	
		PLACE OF DEATH						there deceased lived, if in:	COLOR DESC		*
	0	COUNTY All	egan y		MARY	LAND	o. STATE Mary	land °	COUNTY Al:	legan	У
	t	CITY OR TOWN (If ou	tside corporate limits,		LENGTH OF STAY I	N 16	c CITY OR TOWN (If au	tside corporate limits, writi	RURAL and give		n)
		write RURAL and give					Lone	coning		Alst	
	C	NAME OF HOSPITAL O	R INSTITUTION (If not a	n haspital, give	e street oddress)		d. STREET ADDRESS	5011116		e IS I	RESIDENCE A FARM?
)		Jackso	n Street		_		Jack	son Street	t	YES	NO X
		NAME OF	First		Middle		Lost	4 DATE OF	Manth	Day	Yeor
\		DECEASED (Type ar pnnt)	Ida		M.		Orr	DEATH NOVE		6	19 66
1			-	MARRIED	NEVER MARRIED	X	B. DATE OF BIRTH	9 AGE (n yea	rs IF JNDER	Days Ho	NDER 24 HRS.
1	F	'emale	White	WIDOWED [DIVORCED		9/2/1883	lost birthda 83 y			
	10a	JSUAL OCCUPATION (Giving most of working life, i	re k nd af work done	10b KIND INDU	OF BUSINESS OR		11. BIRTHPLACE (County	& State, or tareign country)	12. (17	IZEN OF WHA	lT .
	QUIN	none	even intensed)	INDO	311.7		Lonaconin	g, Marylan	nd "	U.S	.A.
	13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME			
		Hu	gh Orr				Isaballe	Dudley Me	cFarlar	ne	
		WAS DECEASED EVER IN		16. SO	CIAL SECURITY NO.	17. 1	NFORMANT		Address		
	[Te:	s, na, or unknown) (If y	es give war ar dates of se	ervice		Ja	ames Orr	Cumb	erland.	Md.	
			(Enter only one couse	per lina-ler (o), (b), ond (c).)		.11	-410-	415	INTERVAL	BETWEEN
		PART I. DEATH W	/AS CAUSED BY. IMMEDIATE CAUSE (o)	(a	Cins	wo	08 lo	read Rey		ONSET AL	ND DEATH
İ		1	DUF TO							11-1	1-66
		Conditions, if any, whi								1 /	4 47
		stating the underlyin									
		last.) (c)							<u> </u>	
. !	×	PART II OTHER SIGNIF	ICANT CONDITIONS CON	TRIBUTING TO	DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1()	19 WAS PERF	AUTOPSY ORMED?
1	SATIO									YES	NO F
	CERT FICATION	20a ACCIDENT WAS UNI OR CONTRIBUTING □ C		205 DESCI	RIBE HOW INJURY O	CCURRED.	(Enter nature of injury in I	Port I or Port II of Item 18	l.)		
		(IF EITHER, NOTIFY MED					. <u></u>				
	MED CAL	20c TIME OF INJURY Hour a.m.	Manth, Day, Year	20d INJU While	RY OCCURRED Nat While		CE OF INJURY (Home, farmary, street, affice bldg , etc.)		n) (Cos	unty)	(Stote)
	×	p.m.	19	at work	ot work	TOCI	ory, sheer, orne blog , erc.)				
		21. I certify t	hat (I) (this haspit	toł) atten <u>de</u>			7 - 7 - 1 -	9/do, ta //- E			l) (we) last
		saw the dece	ised-alive an/	A	1966	and tha	t death accurred at	M, from cau			ated abave.
		220. SIGNATURE	76. J	bot.	1 1	44	ATTENDING TO	MED. STAFF	22b D	ATE-SIGNED	1/1/2
		/ /	m.c.	YKL	lla	ul M	D. PHYS. 22d ADDRESS /	DIRECTOR L PHYS.			40
		22c PHYSICIAN'S NAME (Type)	18 -	F. De	210110	med.	12200	cette M.	Pilm	berle	era KU
	220	BURIAL, CREMATION,	23b. DATE THERE	OF T	23c. NAME OF CEM	ETERY OF	CREMATORY	23d. LOCATION (City	or Town)	(County)	(Stote)
	100	PEMOVAL (Specify) Burial		/66				1		A.	` '
	24	FUNERAL DIRECTOR	TT/ 0/	00	Oak Hil	4.4	ZSo RECT	BY REGISTRAR 2S	DEMICEDADIC C	IGNAFURE (Md_
A.		Geo	rge Eichh	norn	Lonac	onir		INV 1 0 1966	your	res &	udge

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial transit permit. Then please remove-sarban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.



	15003	CERTIFICAT	E OF DEATH	ł	15006
1.	PLACE OF OEATH a, COUNTY	-			Institution: Residence before admission)
	ALLEGANY	MARYLAND	a. STATE MARY	YLAND b. cou	ALLEGANY
_	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			write RURAL and give nearest town)
	write RURAL and give nearest town) FROSTBURG	10 DAYS	174	WEST MAIN S	STREET
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADORESS	MIDI MALEN	I e. IS RESIDENCE
_	MINERS HOSPITAL	,	FROS	STBURG	ON A FARM? YES NO A
3.	NAME OF FIRST DECEASED	Middle	Last	4. OATE Mon	nth Day Year
	(Type or print) DOMENICK		PIFALO	DEATH NOVEME	BER 15 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
N	ALE WHITE WICOWED	DIVORCEO	JULY 21.19	902 64 yrs.	/ Months Days Hours Min.
10:	. USUAL OCCUPATION (Give kind of work done 10b.)	KIND OF BUSINESS OR		ounty & State, or foreign count	try) 12. CITIZEN OF WHAT COUNTRY?
	cling most of working life, even if retired)	NSTRUCTION	TORO. IT	TALY	U.S.A.
	FATHER'S NAME		14. MOTHER'S MAID		
	ANTONIO PIFALO		MARIA	EVANGELIST	Δ
15	WAS DECEASED EVER IN ILS. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Addr	
(Y	es, no, or unknwn) (If yes give war or dates of service)	3-05-7105 MR	. FRANCIS	DTEATO ECI	KHART. MARYLANI
=	NO 21 18. CAUSE OF DEATH [Enter only one cause per		• PRAMOID	PIFALO, ECI	I INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY:	2	0:000		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Dranghag	suc Ca	Remone	147
	/ DUE TO		O		0
	Conditions, if any, which (b)		1		
	cause (a), stating the DUE TO				
2	underlying cause last. (c)				Was SUTOROU
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL (DISEASE CONDITION GIVEN I	INPART 1(a) 19. WAS AUTOPSY PERFORMED?
2	14				YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING (1) 20b. OR CONTRIBUTING (1) CAUSE OF DEATH (1) EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCL	IRRED. (Enter nature of	injury in Part i or Part II	of Item 18.)
됭	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
MEDI	Hour a.m. While p.m. 19 at wor	MOI WILLS	ry, street, officê bidg., e		
	21. I certify that (I) (this hospital) attend	led the deceased from	une 29, 1	966, to Now. 1:	5 , 196 C, that (1) (we) last
	saw the deceased alive on Nov.	1966, and that	t death occurred at	M, from the cause	es and on the date stated above
1	22a. SIGNATURE		ATTENDING -	MED STAFF	22b. DATE SIGNED
	mosping	M.C	PHYS.	DIRECTOR PHYS.	11-17-66
	PHYSICIAN'S NAME (Type) WAYNE SPIGGI	E. M.D.	22d. ADDRESS 126 N. S	SMALLWOOD S	T., CUMBERLAND,
23		23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (City,	town or county) (State)
I	REMOVAL (Specify) NOV . 19. 196	ST. MICHAEL	'S CEM.	FROSTBURG	MARYLAND_
24	ARTLOU SOWERS HAFER	ADDRESS	1 254 C RE	CON BY DECISTRAD 25h	PECIETRAPIS SIGNATURE
1	Mailou M. Journa 60 W.	FUNERAL HOME MAIN ST. FRO	STBUR GATE	2 1 1966 yc	Marley Judge.

VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15000

HEALTH DE

P.M3. Poge deloy is

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death

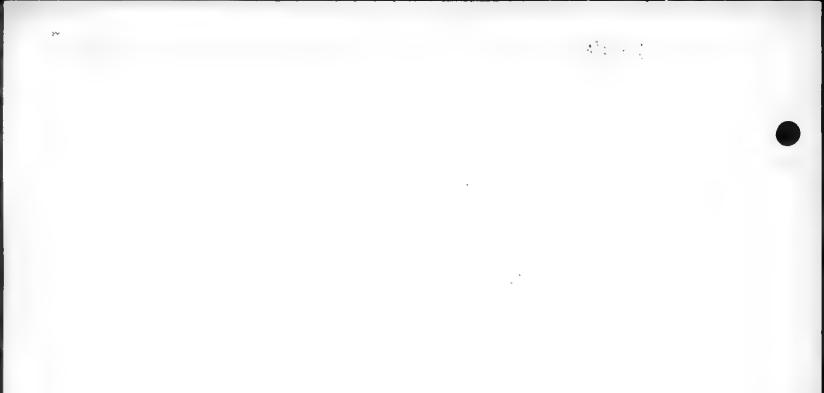
OR STATE		12004		MED	ICAL EXAM	INER'S	CERTIFICATE C)F DEATH		150	לווו
EALTH DEPT.		LACE OF DEATH					2. USUAL RESIDENCE (Where deceased liv			e admission)
3 to 3 to Poge ent of leoth	1	i. COUNTY	Allemany	7	M	ARYLAND	a STATE Tan	tilan4	b. CDUNTY	Alla	Jany
		CTY OR TOWN (If o. write RURAL and giv	utside corporate mit	'S	t LENGTH OF STA	Y IN 15	c CIY OR TOWN (IF a	utside carparate lim	oits, write RURA	and give neares	t tawn)
2, and 2, and PM3. portme		Cilmin L.	J. J.		44 me.	ırs		berland			11
J, 2 Jep S o s	1	NAME OF HOSPITAL I	DR INSTITUTION (If n	at in haspital, o	ve street address)		d STREET ADDRESS				e IS RES DENCE ON A FARM?
ges 1, a form tote De hours			Route 4				R_{c}	ute 4			YES 🔀 NO 🗌
Po S T Z Z		AME OF DECEASED		rst	Middle		Last	4. DATE OF	Manth	Day	Year
er d Sive ng v h the		Type or print)		ichard	B		Piper	DEATH	Nov		
8. Give olong w with the within	5		COLOR OR RACE	7 MARR ED	NEVER MARI		8 DATE OF BIRTH	last		F UNDER 1 YEAR Manths Days	TE UNDER 24 HRS Haurs Man
nours Item 18 Office o	1.0	Male	White	WIDOWED	DIVOR		Aug. 13,19		γrs	L 10 CITIZE OF	WELL
hours Item 11 Office I and 2 event	duri	USUAL OCCUPATION (Ging most of working life,	ive kind of work done , eyen if retired)		ND OF BUS NESS OF DUSTRY		11 BIRTHPLACE (State	_)	12 CITIZEN OF COUNTRY?	
nin 24 r		FATHER'S NAME	rarmer		Own J	er rm	Cumberla 14 MOTHERS MAIDEN				USA
alle pog	13	PAIRTER 3 NAME	Towns 14	TD-1							
	15	WAS DECEASED EVER IN	James W.		SDCIAL SECURITY NO	1 17 1	Grac	e M. Ra	LSTON Address		
U -=		s, na, ar unknawn) (If			SOCIAL SECONTI INC		J-mas 7.	Piner			hM has
executed inding" ir Medicol I permit emoval, c	_	18. CAUSE OF DEATI	W (Enter only one con	uso par po for	(a) (b) and (c)			,	110019		ERVAL BETWEEN
ore should be execute the word "pending" of to the Chief Medical obur ol-transit permit cremation, or removal,		PART I. DEATH V	WAS CAUSED BY		(a), (b) ona (t))	Corni	nery Occlu	rcion		, ON	SET AND DEATH
Chi chi chi chi chi chi chi chi chi chi c		1 1	IMMED ATE CAUSE								24 6 12
shocid e word o the Cl our ol-tri		Conditions if any, wh	nich gave)	(b)		Cor	onery Tole	ercsi B		_	
the the d to d to bu		rise to immediate co									
verificate writing th rwarded t sed as o burio, cre		last)	(c)							
veriti veritii orward used o	22	PART I OTHER SIGNI	FICANT COND TIONS	ONTRIBUTING T	O DEATH BUT NOT	RELATED TO	THE TERM NAL D SEASE CO	NDITION GIVEN IN	PART 1(a)	19	WAS AUTOPSY PERFORMED?
This crote, to be for I be us	CATIO									Y	ES NO K
프 그 의	CERTIFICATION	20a EXTERNA, CAUSE PRIMARY ☐ ar CONTR CAUSE OF DEATH		20b DE	SCRIBE HOW INJURY	OCCURRED	(Enter nature af in ury in	Part or Part II of	item IB)		
MINEK: the cert the cert the should r files. e 3 shou	MEDICAL	20c TIME OF INLURY	Manth, Day, Year		NJURY OCCURRED		CE DF INJURY (Hame, for		y ar tawn)	(County)	(State)
4 0 0 0 0	ME	Hgur a.m. p.m.	19	While at war	Nat While C		ary, street, affice bldg , etc.)			
KAL EXA tar. Page ed for you CTOR: Pag ignoted o		21. I certify t	hat I taak charg	e at the ren	nains described	abave, he	ld an Autapsy 🔲 ,	Inspection	X, Inquir	y 🖾 , and	l in my apintar
		death resulted	fram. Natur	al causes 🗵	Acerdent [, Suic	ide 🔲, Hamicide	Undet	ermined mar	nner 🔲	
MEDICAL (please exect director. Por retoined for DIRECTOR: ts designote		ACTUAL /	2	1	11		CHIEF MEDICAL		7		22. DATE SIGNED
트 학교 학급 학		SIGNATURE N	luced	w	Skit	and		DICAL EXAMINER		66 '	IZ. DATE SIGNED
necessary, the funero 5 moy be 6 FUNERAL Heolth or		EXAMINER'S NAME (Type) Dr	r. Renedi	ct Sbi	tarelic.		Address (Stree	AL EXAMINER X	unty) Kt 🤾	Cumber	rland
necessarthe function of the fu	23a	BUR AL, CREMATION, REMOVAL (Specify)	23b DATE TH		23c NAME OF C				N (C ty or Tawn) (State)
-		FUNERAL DIRECTOR	EOV.	25,1916	Oldto-	n Cer	letery lace pur	Oldto:	Vn Nid	A 7 7	Eany
1 *	24	FUNERAL VIRECTUR			WOOKE33		ZJU KEU	O D I KLUDIKAK	I ZJU KEUI	יוט עמדיטיב ב מאטיק	44 da 6/

DEC 2

1966

James F. Scarpelli, Cumberland, Md.

VR A15ME (5)



3

CERTIFICATION

MEDICAL

WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dotes of service)

certificate be executed within 24 hours after death

physician and completely filled in by the funeral en please remove carbon papers. Pages I and

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
1500	OF DEATH	150	5008						
COUNTY ALI	LEGANY	2 USUAL RESIDENCE (Where deceosed lived, f Institution: Residence before admission), o. STATE WEST VIRGINIA HAMPSHIRE							
CITY OR TOWN (I	f outside corporate mit	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROMNEY							
	ALOR INSTITUTION (IF NO MORTAL HO	d. STREET ADDRESS				IS RESIDE ON A FAI YES N			
IAME OF DECEASED Type or print)	E.	ARL	Middle RA	NNELLS	4. DATE OF DEATH	Month NOV.	22	Year 19	66
MALE	6. COLOR OR RACE WHITE	7 MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH DEC.23, 189		9. AGE (In years lost hirthdoy) Yrs.	Months Doys	IF UNDER:	24 HR Min
	(G've kind of work done life, even if refired)	HAMPSHII			12. CIT ZEN OF COUNTRY?	WHAT			

100 USJALOCCUPATION (G've kind of work done during most of working life, even if jetired) Insurance Salesman	105. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country) HAMPSHIRE CO.W. VA.	12. CIT ZEN OF WHAT COUNTRY?
13. FATHER'S NAME SAMUEL F. RAN	NELLS	14 MOTHER'S MAIDEN NAME EDITH F. POWNALL	

17 INFORMANT

(1	No. No. or unknown) (It yes give wor o	or dotes of service)	577-03-5471	MEMORIAL	HOSPITAL	CUMBERL	AND,	MD.
	1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		Corelral				DNSET	AL BETWEEN AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	(c)	Xaradia	uced a	Verio,	Mense.	s	· ····
×	PART II. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	T 1(o)		AS AUTOPSY REORMED?

20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f factory, street, office bldg., etc.) Hour o.m. While Not While

16. SOCIAL SECURITY NO.

ot work 21. I certify that (I) (this hospital) attended the

death occufeed 20 saw the deceased olive an and that M, fram causes and an the date stated above 22o SIGNATURE **DATE SIGNED** MED ATTENDING PHYS. STAFF

22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W.F.WILLIAMS DR.

CENTRE ST. CUMBERLAND (County) (Stote)

PHYS.

DIRECTOR

Address

NO.

(Stote)

(County)

23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d LOCATION (City or Town) BURIAL, CREMATION Cedar Hill Cemetery REMOVAL (Specify)
Burial 1-25-66 Prince Suitland GeorgeMo REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR 56

VR A15 (4) C

director, page 3 should be detoched for use os the buriol-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours after death

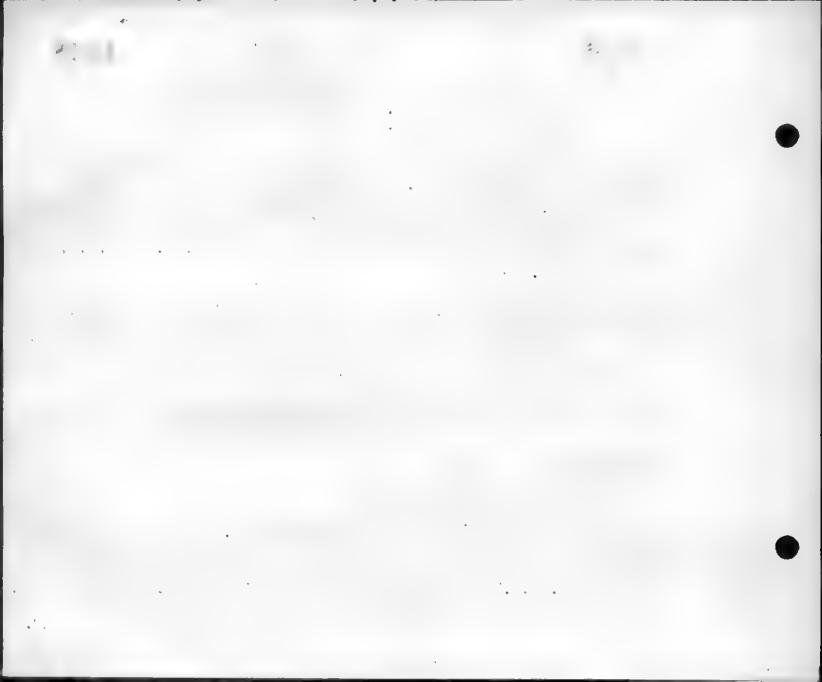
signed by the attending buriol-transit permit. Th

OR ATTENDING PHYSICIAN: The low requires that the dearty

TO HOSPITAL

Poge 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2J201

FOR STATE 18. Give Pages 1, 2, and 3 to HEIT Age olong with form PM3. Page HIT With the State Department of Tail within 72 hours after death e olang with form PM3. Page in pencil in Item 18, Give Pages 1, This certificate shauld lie exampted within 24 Hours often lleath

Health or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death THE STATE OF pages 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

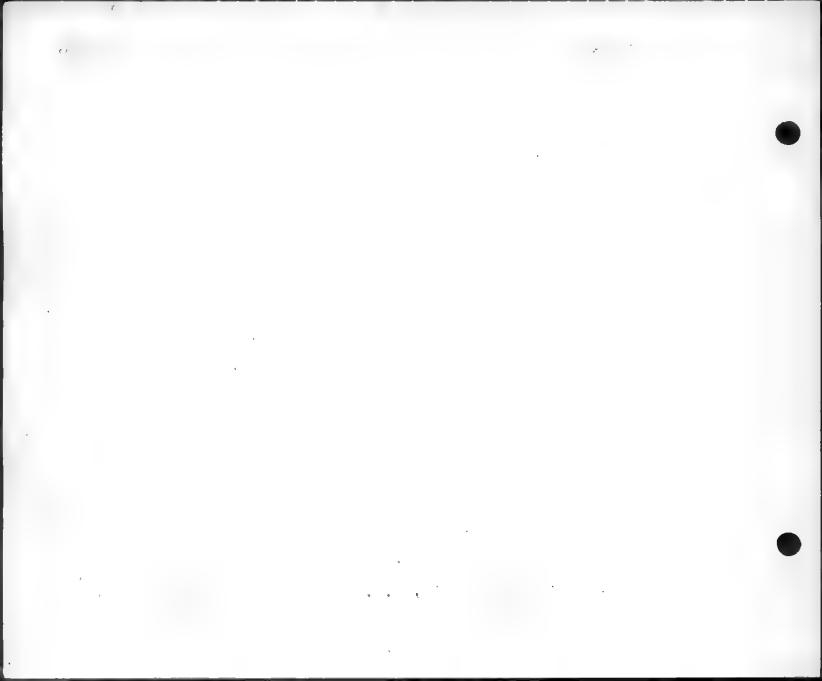
the funeral director. Page 4 should be forworded to the Chief Medical Examiner VR A15ME (5)

necessory, please execute the certificate, writing the word "pending"

TO DEPUTY MINEAL EXAMINER:

15006

1500	5	MED	ICAL EXAMINER	'S C	ERTIFICATE O	OF DEATH	1	5009	
1. PLACE OF DEATH						Where deceosed lived, if insti		ce before odmission)	
o COUNTY	Allegange MARYLAND				o STATE Meryland b. COUNTY Allegany				
b CITY OR TOWN	(† outside corporate limi	îs,	c LENGTH OF STAY IN . b		7007	utside corporate limits, write			
write_RURAL ar	nd give nearest town)	,	20 years			umberland		,	
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)					AHOO4 LOHA		e IS RESIDENCE	
	D. O. A. Nemorial Hospital				71	16 Glenrore	Street	ON A FARM? YES NO 5	
3. NAME OF		irst	Middle	- 11	Lost		onth	Doy Year	
DECEASED		oward	Russell		Redin er	OF	OV.	1 19 66	
(Type or print) S SEX	6 COLOR OR RACE	1		_	DATE OF BIRTH				
			NEVER MARRED DIVORCED	} [Oct. 1, 18	Lore bushday	Months	Doys Hours Min.	
Male	White	WIDOWED		<u> </u>	11 BIRTHPLACE (Stote			TIZEN OF WHAT	
during most of work no	N (Give kind of work done life, eyen if retired)		ND OF BUSINESS OR DUSTRY I Employed					HATRY 2	
	renter '	Sel	I EmilToked			ville, Pa.		USA	
13 FATHER S NAME					14 MOTHER S MAIDEN				
	Thomas Re					Dicken			
	ER IN U.S ARMED FORCES' (If yes give wor or dotes	of consucal			FORMANT		ldress		
no	(1) As dive wor as agres	21	7-10-7447	Mr	s. Ethel F	Redinger, Cu	mberla	nd, Md. Wife	
	EATH (Enter only one co	use per line for	(o), (b), ond (c))					INTERVAL BETWEEN	
PART I. DE	PART I. DEATH WAS CAUSED BY Coronary Occlusion							Sudden DEATH	
4 001	4 (U) DUE TO								
Conditions, for	(onditions, tony, which gove) (b) Coronary Sclerosis								
	o immediate couse (a),								
	stoting the underlying couse (c)								
	PART II OTHER SIGNIFICANT CONDITIONS CONTR.B.JTING TO DEATH B.JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART . (6) 19 WAS AUTOPSY								
100	MONTICAMI CONDITIONS	CONTRACTOR	O DEATH BUT NOT KEENING	10 111	IL TERMINE DISEASE CO	INDITION CARLA CARCA (Q)		PERFORMEO?	
200 EXTERNAL C	ALICE WAS	001 05	Common distribution and the	50 75		0		YES NO K	
PRIMARY CO or CI	200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of niury in Port I or Port II of tem IB) PRIMARY Or CONTRIBUTING								
	CAUSE OF DEATH								
20c TIME OF IN Hour o	JURY Month, Doy, Yeor	20d N While			OF NJURY (Home, form y, street, office bldg., etc.		((0)	unty) (State)	
¥ 11001 0	.m. 19	ot work		IOCIOI	y, sileet, office blog., etc.	1			
21. I certi	21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my opinion								
	death resulted fram: Natural causes 💽 Accident 🛴 Suicide 🗍 Hamic de 🗍 Undetermined manner								
	CHIEF MEDICAL EXAMINER								
	SIGNATURE Deux cent Sketaralia MD ASSISTANT MEDICAL EXAMINER (22. DATE SIGNE								
EVAMINED'S	DEPUTY MEDICAL EXAMINER AN NOVEMBER L. I							1, 1966	
NAME (Type)	Senedict :	Skitar	elic, M.D.		Address (Stree	et, city, town, or Gumb	erland	, Marylan	
230 BLRIAL, (REMAT	ION, 23b DATE TO	EREOF	23c. NAME OF CEMETERY	OR (I	REMATORY	23d LOCATION (City or	Town)	(County) (State)	
B-REMOVAL (Specif	Nov.4	.1966	Sunset Mem	or	ial Park	Cuml erlan	a Ma A	llemanv	
24 FUNERAL DIRECT	OR		ADDRESS			D BY REG STRAR 256	REGISTRAR S	GNATURE A	
J-mes 1	F. Scarpel	li, Cur	nherland, Md		DATE	NOV 3 1966	fiche	weer judge	



ID FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TE BOSPITAL OR ATTENDING PHYBICIAIN The faw requires that the death certificale to executed within 25 hours after death.

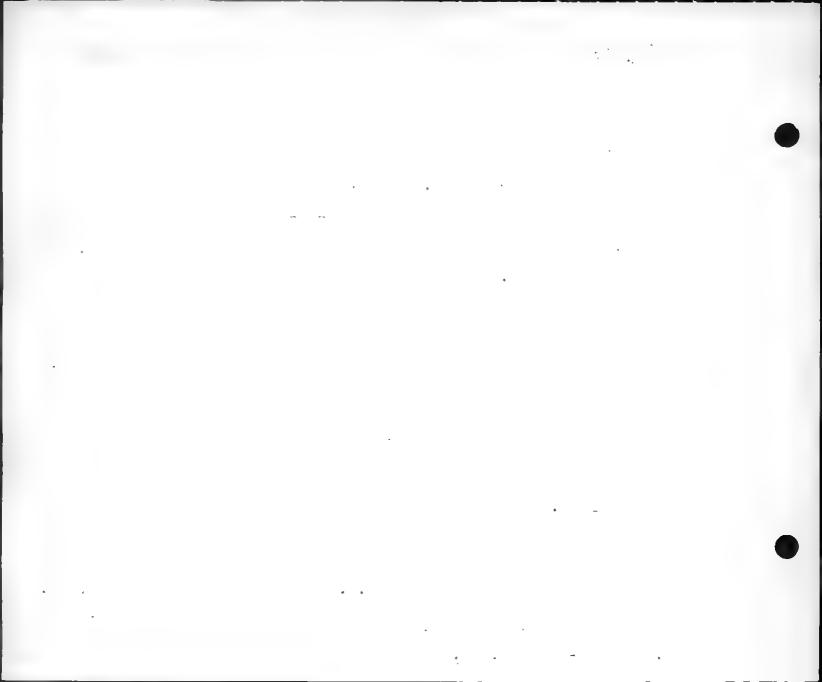
Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15010 15007

The Cartesian Carta	17.58766
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)
Allegany MARYLAND	a. STATE b. COUNTY Bedford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY, OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Rural - Near Cumberland D O A	Rural - Near Cumberland 73
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Route 2, Flintstone, Md	Route 2, Flintstone YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Charles E.	Rice DEATH Nov. 23, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
NIDONED TO DIVERGE	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	COUNTRY?
Retired Electriciahl Celanese Corp	Maryland USA
13. FAIRER S NAME	14. MOTHER'S MAIDEN NAME
Lewis Rice	Carolyn Newell
	INFORMANT Address
	Lurissia Rice R D 2 Flintstone, Md
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	Nelson Neleps
DUE TO 1 1 of	
Conditions, if any, which) (b)	Misend tylors
gave rise to immediate cause (a), stating the	.004
underlying cause last. (c)	elle
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 219. WAS AUTOPSY
- The state of the	PERFORMED?
203 ACCIDENT WAS UNDEDLYING FOR LOOP DESCRIBE HOW INTIDY OCCUR	RRED. (Enter nature of injury in Part 1 or Part II of item 18.)
G OR CONTRIBUTING CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 of Fart II of Item 16.)
2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLAC factor while 2Dd. INJURY OCCURRED 20e. PLAC factor at work 2Dd. INJURY OCCURRED 2Dd. INJURY OCCURRED 2Dd. INJURY OCCURRED 20e. PLAC factor at work 2Dd. INJURY OCCURRED 2Dd.	GE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	y, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1950, to hor 2), 100, that (1) (we) last
saw the deceased alive on 19 to and that	death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
1) m. John M.D.	ATTENDING DIRECTOR STAFF PHYS. 11/23//a
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Burial 1.0v 26, 1966 Hillcrest Bur	1 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
STATE OF THE STATE	
(John J Hafer) Jr. 230 Balto Ave. Cum	berlandare Md NOV 28 1966 Acharles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY b. COUNTY 2, onu v Allegany 7 Allegany Maryland MARYLAND delay b CITY OR TOWN (If outside corporate amits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Cumberland Corriganville, Maryland 5 Days d NAME OF HOSPITAL OR INSTITUTION (finat in haspital, give street address) d STREET ADDRESS ON A FARM? Memorial Hospital pages YES NO A This certificate should be executed within 24 hours after death. 3 NAME OF Middle Lost 4 DATE Month DECEASED Robinette Charles E. November 66 within DEATH S SEX B. DATE OF BIRTH AGE (n years IF UNDER 1 YEAR 6 COLOR OR RACE NEVER MARR ED 7 MARRIED lost b rthdoy) Months Male White 10-27-1877 WIDOWED X X DIVORCED 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR during most of working use, even if retired) COUNTRY? INDUSTRY Towa 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William J. Robinette Lydia Long 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) (If yes give wor or dates of service) forwarded to the Chief Medical 215--18-8272 Memorial Hospital Chart. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) DAVS AND DEATH PART I. DEATH WAS CAUSED BY Myocardial Failure MANEDIATE CAUSE (o). wr ting the word cremation, DHE TO Chronic Myocarditis Years Co a ens, fany which gove rise to immediate couse (a). DUE TO stoting the underlying couse Arteriosclerosis Years bur ol, 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X Intertrochanteric Fracture of Left Hip 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port I or Port II of tem 1B) 5 PRIMARY Or CONTRIBUTING should its designated agent, pr Fell at Home CAUSE OF DEATH. 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED ((ity or town) (County) (Stote) factory, street, office bldg , etc.) 9:00 -m Not While at work moy be retained for your FUNERAL DIRECTOR: Poge ----Nov. 19 19 66 of work 21 I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X. and in my opinion Accident T. the funeral director. death resulted from Suicide . Homicide Natural couses Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINERXIX November 25, 1966
Address (Street, city town, or council number land, Md. Heolth or **EXAMINER'S** SKITARELIC. M.D. BENEDICT NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d 10CAT ON (City or Town) (County)
Cumberland, Maryland 23o BURIAL, CREMATION 50 Burial Spec fy) Nov. 29-1966 Greenmount Cemetery 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Melanles VR A15ME (S) Ziegler-Hynaman. Pa &



1	5(00	9
---	----	----	---

CERTIFICATE OF DEATH

15012

					J. W. ()	
	PLACE OF DEATH a. COUNTY				here deceased lived, if institution Residen	ce before odmissian)
		EGANY	MARYLAND	" MARYLAN		
	b CITY OR TOWN (If	autside corporate units,	c. LENGTH OF STAY IN 15		tside carporate limits, write RURAL and give	e nearest tawn)
		g ve negrest tawn)	3 DAYS	CUMBER	RLANU	
		L OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS	TIMODE CT	e IS RESIDENCE On a farm?
		IAL HOSPITAL		1/4 BAL	TIMORE ST.	YES NO X
	NAME OF DECEASED	First	Middle	Last	4. DATE Manth	Day Year
_	(Type ar print)	WILLIAM		INSON	DEATH NOVEMBE	
,	SEX	6 COLOR OR RACE 7. MARRIED		1 - 1 3 - 1 88	Q Jost birthday) Months	Days Hours Min
10	MALE	WHITE WIDOWED	DIVORCED X		7 110	ZEN OF WHAT
dui	ing most of working li	(Give kind af work dane 10b. K fe, even if retired)	IBUSTRY RUY.	, ,	(0	UNTRY?
	FATHER'S NAME	Loyee 15.	a v. Koy.	14 MOTHER'S MAIDEN N	Barbour Co. L	J. S. A.
13		DOD! NOON				
- IC		S ROBINSON IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT	H RIDGEWAY Address	
(Y	es, no, or unknown) 🖁	If yes give war or dates af service)	JOCIAL SECONTI NO.		HOSPITAL, CUMBER	DEAND MD
	MO.	ATH (Enter anly one cause per line for	(n) (h) and (c))	INICIVIOR TAL I	TOSTITAL, COMBET	I INTERVAL RETWEEN
		H WAS CAUSED BY:	Lepunc 1	Cerrkos	4-4	ONSET AND DEATH
	5811	IMMEDIATE CAUSE (a)		- 0		
	Conditions, if ony,	which gave 1 (b)	hronic (alcohal	ian .	
	rise to immediate stating the under	couse (a), (Due to				
	lost.	(ε)				
×	PART II OTHER SIG	NIFICANT CONDITIONS CONTRIBUTING				19 WAS AUTOPSY PERFORMED?
S S	Cla	reculed 1	hollates		my Drease_	YES NO 🔀
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING! (IF EITHER, NOTIFY A	☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in F	Part I ar Part II of item 18.)	1
MEDICAL	20c. TIME OF INJU Haur a.m p.m	While		CE OF INJURY (Hame, farm ary, street, office bldg etc.)		unty) (Stote)
				, 1	9 to 19	, that (I) (we) las
	saw the de	ceased alive an	19, and tha	t death accurred at	9	he date stated abave
	22a. SIGNATURE	V. 24	0/	ATTENDING	MED. STAFF 22b. D	ATE SIGNED
	an alleger said	De de	W. W.	D. PHYS. 22d ADDRESS	MED. DIRECTOR PHYS. 10	115/66
	22c. PHYSICIAN'S NAME (Type)	DR. LEO LEY	<i>N</i>	456 N.	CENTRE ST.	
	BURIAL CREMATION REMOVAD (Specify)		13c. NAME OF CEMETERY OR		23d. LOCATION (City or Town) nr. Elkins, Rand	(County) (State) Olish, W. Va.
2	I. FUNERAL DIRECTOR	George Cumberl	and Hanyland	250 REC'D NOV	BY REGISTRAR 2Sb. REGISTRAR'S S	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permy. They please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of temas and and in any event, within 72 hours after depth. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS, 1303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATES 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 6 ALLEGANY MARYLAND ofter death, deloy b CITY OR TOWN (If auts de corporate I mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (H auts de carparate limits, write RURAL and give nearest town) write RURAL and a ve nearest town) FROSTBURG D. O. A. BALTIMORE d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS xominer's Office along with form hours ON A FARM? MINERS HOSPITAL 1000 E. BALTIMORE ST. YES NO DE 24 hours after death 3. NAME OF Middle 4. DATE within 72 DECEASED OF DEATH HARRY ROSENSTEIN NOVEMBER 19 66 (Type or print) B. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) MALE WHITE JULY 14, 1888 WIDOWED 3 DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUS NESS OR 11 B RTHPLACE (State or fareign country) 12 CITIZEN OF WHAT DELICATESSEN COUNTRYS RUSSIA w thin 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOWN HNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT be executed (Yes, no, or unknown) (If yes give war ar dates of service MARGARET SLOAN, LONACONING, MD. 216-10-0217 remov the Chief Med 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY CORONARY OCCLUSION IMMEDIATE CAUSE (o) This certificate should cremation, DUE TO Conditions, fany which gave CORONARY SCLEROSIS rise ta immediate cause (a), DUE TO stating the underlying couse used 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) its designated agent, prior to 20g EXTERNAL CAUSE WAS PRIMARY TO GO CONTRIBUTING T 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18) CAUSE OF DEATH 20c TIME OF NJJRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (State) factory, street, affice bldg., etc.) at wark at wark 21 I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry In. and in my apinion the funeral director. Natural causes 🛣 , Acadent 🔝 death resulted from: Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO FUNERAL Health or DEPLIY MEDICAL EXAMINER XX November 29, 1966 **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street city, tawn, or county) Cumberland, Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) BALTIMORE, MD.

ROSEDALE CEMETERY

VR A15ME (5)

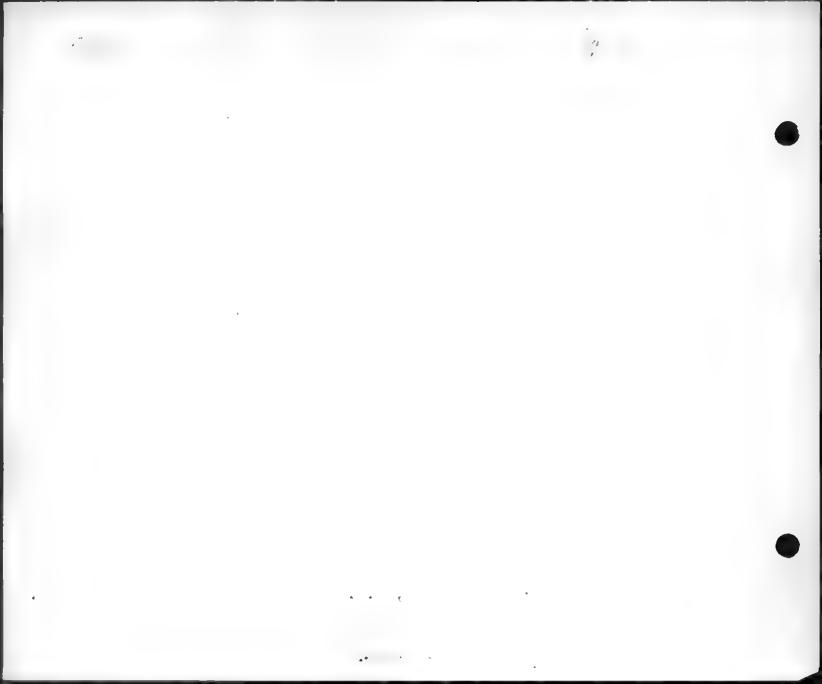
24 FUNERAL DIRECTOR

SKLVAN LEWIS, 3319 OLYMPIA AVE., BALTO, MD.

12-1-1966

250 REC D BY REGISTRAR DATE OF C 2

2Sb. REGISTRAR'S SIGNATURE 1966

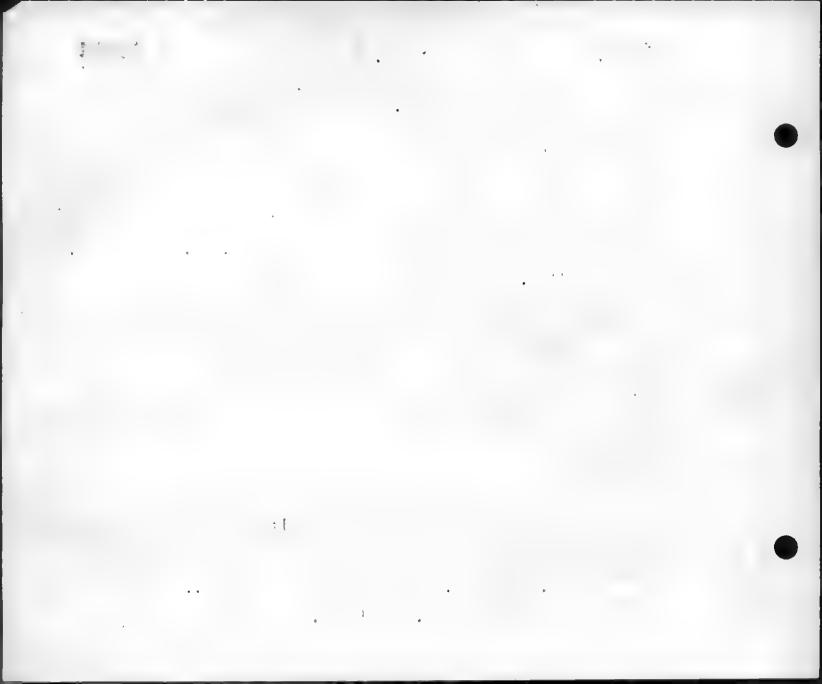


	Division of STATISTICAL	L RESEARCH AND RECORDS, 301	W. PRESTON STREE	T, BALTIMORE, MARYLAND 212	:01
	15011	. CERTIFICATE	OF DEATH	150	14
	COUNTY ALLEGANY	MARYLAND	O. STATE		EGANY
	CUMBERLAND NAME OF HOSPITAL OR INSTITUTION (If not in h	T LENGTH & STAY IN 16 5 MIN	WESTER	Ide Corporate Fmits, write RURAL and give	e IS RESIDENCE
	MEMORIAL HOSP		224 GR	EEN STREET	ON A FARM?
	NAME OF ROBERT First Type or print)	JAOKSON.	ROTRUCK	4 DATE Month OF NOV.	26 19 66
S	7.1.	the same minimum and	NOV. 26,66	9 AGE (In years in the second of the second	Doys Hours Mig.
	USUAL OCCUPATION (Give kind of work doneing most of working life, even if retired)	INDUSTRY	1) BIRTHPLACE (County & CUMBERLA	(0)	IZEN OF WHAT UNTRY? U.S.A.
13.	FATHER'S NAME ELVIN E. RO	TRUCK	MARY JEN		
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, norgounknown) (If yes give wor or dates of serv	16. SOCIAL SECURITY NO. 17. II	MEMORIAL	HOSPITAL, CUMBE	RLAND, MD.
	18. CAUSE OF DEATH (Enter only one couse pe PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ο)	r line for (o), (b), and (c).)	y Distree	s Syndrome	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last.	Phemar	trity		
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	OTTION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20c. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Po	ort 1 or Port II of item 18.)	
MEDICAL	20c. FIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Cou	mty) (Stote)
	21 I certify that (I) (this haspital saw the deceased alive an	l) attended the deceased fram_ 19, and that	death accurred al	M, fram causes and an t	
	220 SIGNATURE OCCUPA	19 Modell MI	LPHYS. L [MED. STAFF 22b. DI	ATE SIGNED
	22c. PHYSICIAN'S NAME (Type) DR. ROBE	RT D. BRODELL		ENE ST., CUMBERL	AND, MD.
230	BURIAL (CREMATION, PEMOVAL (Specify) 11/25/66	TOT DATEMEN	REMATORY Ceme.	Westernport, Md.	(County) (State)
. 24	FUNERAL DIRECTOR	ADDRESS	DATE NO	BY REGISTRAR 2Sb. REGISTRAR'S S	les Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, Egges, 4- and should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours of each chain.

VR A15 (4) 20 M 1/66



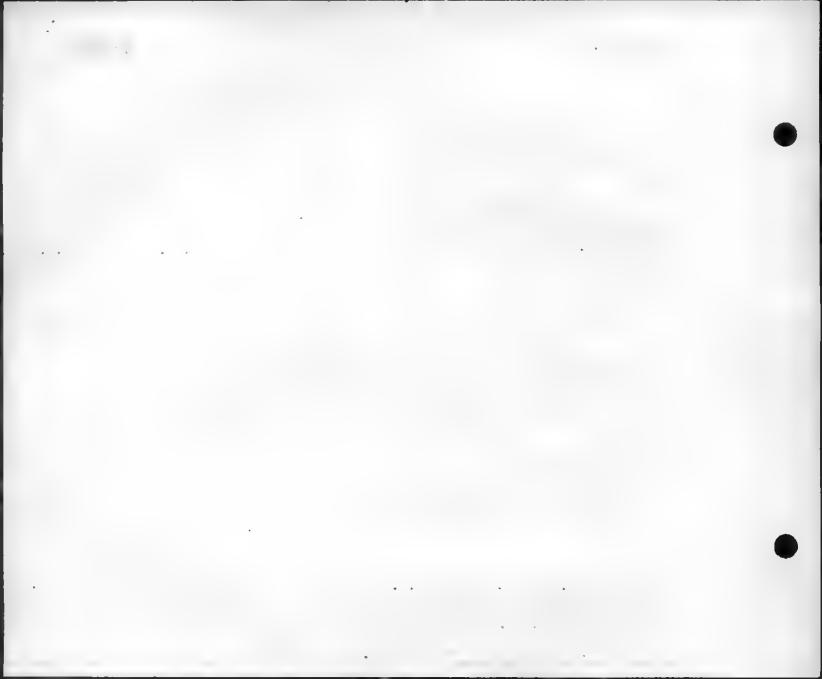
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1901%		CEKTIFIC	AIE	OF DEATH		ł	EIRC	
		PLACE OF DEATH				2. USUAL RESIDENCE (W	here deceased l		esidence befare a	dm (SSIOT)
	(allegany		MARYLA	ND	o. STATE MARS	LAND	b. COUNTY	,	
	ŧ	b CITY OR TOWN (I autside corporate write RURAL and give nearest town	limits,	c LENGTH OF STAY IN	lb	c CITY OR TOWN (If aut	s de carparate li	mits, write RURAL on	id give nearest to	wri)
		CUMBERLAND		10 DAYS		FROSTBU	JRG		1.1	1
		d, name of hospital or institution	(If not in hospital, i	give street address)		d. STREET ADDRESS			e. (S RESIDENCE IN A FARM?
3		SACRED HEART	HOSPITAL			RT # 1 B0	X 569			□ NO □
		NAME OF	First	Middle		Lost	4 DATE OF	Month	Day	Year
	(DECEASED (Type or print) FREDA		V		SANDVIK	DEATH	NOVERM		19 66
	5 1	SEX 6. COLOR OR RAI	CE 7 MARRIED	NEVER MARRIED	8	DATE OF BIRTH	9 AC	SE (In years IFL s) birthday) Man	NDER 1 YEAR IF	fours Min.
		FEMALE WHITE		D.VORCED		1-26-09		7 yrs.		
	10o.	USLA, OCCUPATION (Give kind of work		ND OF BUSINESS OR		11 BIRTHPLACE (County &	& Stote, or foreign	country)	12. CIT ZEN OF WI	HAT
		HOUSE orking the even if refired)	OW	MOME			ARDEN. I	N.VA.		5.A.
	13.	FATHER S NAME				14 MOTHER'S MAIDEN N				
)		ABRAHAM CHISHO				OCIE (CESS	SNA) CH	ISHOLM		
		WAS DECEASED EVER IN U.S. ARMED FO s, no, ar unknown) (If yes give war ar		SOCIAL SECURITY NO.	17. IN	FORMANT		Address		
						PT'S CHAP	TT			
		 CAUSE OF DEATH (Enter only of PART 1 DEATH WAS CAUSED B) 	γ.		00	0 == = 0 =	Tiere 7		CHICKE	AL BETWEEN AND DEATH
		IMMEDIATE	CAUSE (4)	RDIAC	M.	REST AF	1127C K	316Em11	09	
		Canditions, if any, which gave	DUE TO	HEUMAT		Harm	77150	3.0 - 77	30	2.1
		nse ta immediate couse (o), ((b)	[11=0PPPP		11 BHKI	1712/2	13/2	1	777
		stating the underlying cause last.	(c)							
	_	PART II OTHER SIGNIFICANT CONDITI		TO DEATH BUT NOT RELAT	ED TO TH	IE TERMINAL DISEASE CON	DITION GIVEN IN	PART I(a)	19. WA	AS AUTOPSY
	CERTIFICATION								YES	RFORMED?
	TIFIC	20o. ACCIDENT WAS UNDERLYING		SCRIBE HOW INJURY OCCU	JRRED. (I	inter nature of injury in F	Part I ar Part II o	of item 18.)		
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER								
	MEDICAL	20c. TIME OF INJURY Month, Day, 1				OF INJURY (Hame, farm,		ty or tawn)	(County)	(Stota)
	ME	Hour o.m. p.m.	19 While at world	k at While	tacta	ry, street, office bldg., etc.)				
	ı	21. I certify that (I) (thi	s hospital) atten	ded the deceased tr	am	Nov. 1	9 6 2, ta_	Ver 21,	19 <u>66</u> that	(I) (we) last
		saw the deceased alive	an_Nov	2/ 19 <u>66</u> , an	d that	death accurred at	10 10 M, fi			stated abave
		220. SIGNATURE	}	2 42 1		ATTENDING 🙀	MED.	STAFF	2b. DATE SIGNED	
		22c. PHYSICIAN'S) soller	e Gene	M.D	PHYS. 22d. ADDRESS	DIRECTOR L	PHYS.	11-21-	-66
		NAME (Type) DR. GEI	CK & SPIG	GLE, M.D.		125 N 2	MALLWOO	ST. CUM	BERLAND,	MD.
	230		ATE THEREOF	23c. NAME OF CEMETE	RY OR C	REMATORY	23d LOCAT	ON (City or Tawn)	(County)	(State)
1	B	REMOVAL (Specify) NOV.	23, 1966	SUNSET M	EMOF	RIAL PARK	CUN	BERLAND,		
		. FUNERAL DIRECTOR		ADDRESS		25a REC'D	8 1956		ARS SPENATURE	2.
		JOSEPH R. DURST	, SR., FR	OSTBURG, MD		NOATE Z	9 1926	1	2	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after leath.

Page 4 may be retained by the hospital or attending physician.

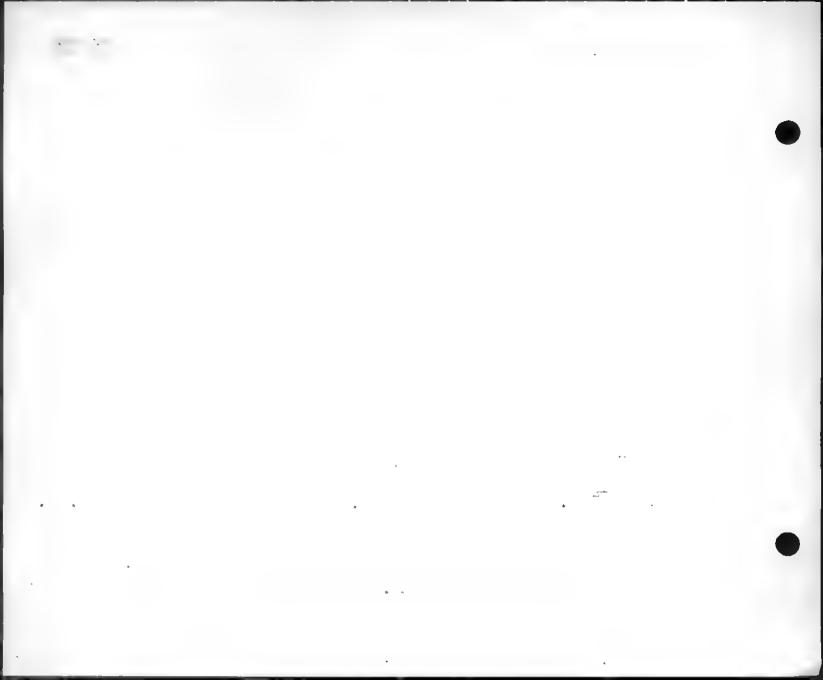


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15010

1966

	12013		MEDI	ICAL EXAMINER	(2)	CERTIFICATE U	IF DEATH			procr	
1.	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased liv			ence before admi	ssion)
	D. COUNTY	477		MARYLAND	,	o STATE	3 3	b. COU			
-	N CITY OF TOWN, UF	Allegany outside corporate limits		c LENGTH OF STAY IN 1b		c CITY OR TOWN (If at	land	A I	legar	NY pagest town	
		give neorest town)	,	C TENOTH OF STAT IN ID		I CIT OK IOWN (II at	its be carporate illi	IIIS WITE KU	KAL GIO GI	ive fleorest fown	
		Cumber land		7 Hours	s		ntstone				
	d NAME OF HOSPITAL	OR INSTITUTION (If no	t in hospitol, g	ve street oddress)		d STREET ADDRESS					SIDENCE FARM?
	Sacred	Heart Hos	nital								NO [
	NAME OF	Fin		Miød e		Lost	4 DATE	Мол	th	Doy	Year
	DECEASED (Type or print)	Kur	t.	Manfred		Schaffer	OF DEATH	N° ozeo	mber	E 1	9 66
_		6. COLOR OR RACE	7 MARRIED	NEVER MARR ED K	XT 8	DATE OF BRIH		n years		RIYEAR FUN	ER 24 HRS.
				DIVORCED	3" "	August 18,	7057 los	burthday)	Months	Doys Hou	s Min
	Male	White	WIDOWED		7		-//-	412	1 10 /		
100) SUAL OCCUPATION (Ing most of working life	Give kind of work done	IMI	D OF BUSINESS OR		11 BiRTHPLACE (Stote)	1 12 6	CITIZEN OF WHAT	
,	Stud	ent	Flint	stone High	Sch	pool Germa	any			J'S'A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Robert 1	Weher S	Schaffer		Genevi	eve Yonk	ers			
15	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16.5		17 1	NFORMANT		Addr	ess		
(Y	200	f yes give wor or dotes of	service)			Adáir Sel	neffor	Flin	teto	ne, Md	
	No					MOSTIT, DCI	TATTEL	1 Hald	100 001		
	18. CAUSE OF DEA	TH (Enter only one cous WAS CAUSED BY:					•			INTERVAL I QNSET AN	
	0.11	IMMEDIATE CAUSE ((0)	Grushed Sku	17					7 - 245 AN	ours
	1164	DUE	TO								
	Conditions, if any, v	which gove	(b)	(Automobi	le	Accident)				11	
	rise to immediate stating the underly		то								
	last.		(c)								
	DAPT I OTHER SICE			O DEATH BUT NOT RELATED	TO T	HE TERM NA DISEASE COL	VIITION GIVEN IN	PART 1(a)		19 WAS A	TOPSY
S.	TAKE I OTHER SIOI	TICANI CONDITIONS CO	MIKIDOTINO	O DIAMI DO MOI ALLAND	10 1	HE TENNINGE DISTRICT CO.	10111011 011111 111	· AK· I(v)		PERFO	RMED?
3	DO FULLD 4 64	TE II. a C	1							YES	NO A
CERTIFICATION	200 EXTERNAL CAUS PRIMARY OF CONT	SE WAS RIBUTING []		CRIBE HOW INJURY OCCUR		,		' ifem 18)			
	CAUSE OF DEATH			senger in tw			ident				
MEDICAL		Y Month, Doy Year	20d IN	JURY OCCURRED 20e	PLAC	E OF INJURY (Home, form), 20f (Cit	y or town)	((ounty)	(State)
Ŧ,	Hour to	NOV. 4 196	While	not While at work Rt	fatte	ory, street, office bldg, etc.	Host Co	mharl	and A	Tleg. M	a.
- 1				oins described obove			Inspection		uiry 📆		
		*									y opinio
	deoth resulte	d from: Naturo	couses], Accident 🔄,	2010			ermined m	nonner L	_}	
	ACTUAL /	1 1	180	1)	CHIEF MEDICAL		~		22 N4	TE CICNER
	SIGNATURE	enedice	NIE	datable		an D	ICAL EXAMINER L	Nove	mber	1, 1966	IE SIGNED
	EXAMINER'S .	CONTROL OF	CTTD & DEDT	TO 16 D		DEPUTY MED CA	AL EXAMINER 🏗				
_	NAME (Type)	BENEDICT SH	CITAREL	IC, M.D.		Address (Stree	t, city, town, or co	MANIE .	LTano	Plary 1	STIC
230	BURIAL, CREMATION	, 23b DATE THE	REOF	23c NAME OF CEMETERY	OR (REMATORY	23d LOCATIO		,	(County)	(State)
	REMOVAL (Specify) Burial	Nov. 7.	1966	Greenway Ce	eme	tery	Berkele	y Spr	ings	Morgan	Co W
		4		The state of the s							



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1901	4	CEKTIFICA	HE UP DEATH		15017
PLACE OF DEATH O. COUNTY					an Residence before admission)
A	llegany	MARYLAND	Marylan	u	wrreganly
	(if autside corparate limits,	c LENGTH OF STAY IN 16	-	tside corporate limits, write RUR	(AL and give nearest fown)
	ostburg			aconing	,
	PITAL OR INSTITUTION (If not in		d STREET ADDRESS		e IS RESIDÊNCE On a Farm?
Min	ers Hospita	1	Fron	t Street	YES NO
3 NAME OF DECEASED	First	Middle	Last	4. DATE Mont	
(Type of print)	ELIZABET		SEIB	DEATH 11/2	4/1966 19
S SEX		MARRIED NEVER MARRIED		9 AGE (n yeors lost b mhday)	Months Days Hours Min
Female)	WIDOWED DIVORCED	2/24/1889	// YES	T O CIVIZEN OF HUNEY
during most af warkin	ON (Give kind at wark done og lite even if retired)	10b KIND OF BUSINESS OR INDUSTRY	, ,	& State, or foreign country)	.2 CITIZEN OF WHAT COUNTRY?
13. FATHER 5 NAME	NONE		Eckhart 14. MOTHER'S MAIDEN N		USA
IS. PAITICKS NAME	Talan Cadla				
IC WAS DELEASED E	John Seib	16. SOCIAL SECURITY NO.	7 INFORMANT	e Holsnyder	\$5
(Yes, na, ar unknawn	VER IN U.S. ARMED FORCES? (If yes give war ar dates af ser	rvice)	Bernard S		coning, MD.
NO CAUSE OF	DEATH (Enter anly one couse p	None None	bernaru 3	(Brother)	INTERVAL BETWEEN
	EATH WAS CAUSED BY	Cevely Cevely	al Idemis	Thomas	ONSET AND DEATH
4,-	1MMEDIATE CAUSE (a) DUE TO		7 7	7	
Canditions, if an	ry, which gave) (b)	HEUL)		Golden -
rise to immedia	ate cause (a), (DUE TO				
lost.	(c)				
PART II. OTHER	SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES 1 NO 🔀
S 200 ACCIDENT W	AS UNDERLYING 🗆	205. DESCRIBE HOW INJURY OCCUR	PED (Enter nature of injury in I	Part Lar Part II of item 18.)	YES NO
OR CONTRIBUTION	IG CAUSE OF DEATH FY MEDICAL EXAMINER)	200, DESCRIBE TOTAL MODEL OCCUR.	ter friit ingrote at tilpiy in	Tall I at 10th it of noth 15)	
= (= = = = = = = = = = = = = = = = = =	VJURY Month, Day, Year	20d INJURY OCCURRED 20e	PLACE OF INJURY (Hame, farm	, 20f (City ar tawn)	(Caunty) (State)
A Havr	n.m. 19	While Nat While of wark at wark	factory, street, affice bidg., etc.)		
21 I cer	tify that (I) (this haspite	al) attended the deceased from	100 ,1	966, to 2000	4, 19 66 that (1) (we) las
saw the	deceased alive an	0224 1966, and	that death accurred at	8 A M, fram causes	and an the date stated above
22a SIGNATUR	To Com	B. Dowis	M.D. ATTENDING PHYS	MED. STAFF DIRECTOR PHYS	22b. DATE SIGNED 6
22c. PHYSICIAN			22d. ADDRESS		
NAME (Typ	John B.D.	avis	F;	rostburg, Ma	aryland.
23g BURIAL, CREMA				23d. LOCATION (City or To	
REMOYAL (FPS)			phs Cemeter		
24 FUNERAL DIREC		ADDRESS			GISTRAR S SIGNATURE
GEORGE	EICHHORN	Lonaconing,	MD. DATE NO	DV 28 1986 🔏	Judge Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending DFFs cian and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They pease remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remayer, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

1 0 ¢ .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15015 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o STATE b. COUNTY Page MARYLAND ₽ deloy is death. ALLEGANY MARYLAND Deportment b CITY OR TOWN If autside carparate limits. c .ENGTH OF STAY N 15 c CIY OR TOWN (If autside carparate imits write RURAL and a ve nearest tawn) gud PM3. write RURAL and give nearest tawn) CUMBERLAND TIFE CUMBERLAND d NAME OF HOSPITAL OR INSTITUTION (fingt in haspital, give street address) d STREET ADDRESS farm hours NEW HAMPSHIRE AVE. Stote 5 NEW HAMPSHIRE AVE. 8. Give Poges 24 hours after death along with NAME OF Muddle First Tast 4 DATE Month with the S DECEASED OF LEE JAMES SHAW NOV. within (Type or print) DEATH SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last birthday) MALE WHITE JULY 6.1908 WIDOWED D-VORCED lond2 event/ 11 BIRTHPLACE (State or fareign country) 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY SUPERVISOR C TTY COVIT Examiner's poges MARYLAND pencl This certificate should be executed within 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME E. LEE SHAW MARTHA WEIMER, File puo IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Chief Medical (Yes, nonerunknawn) (If yes give war ar dates af service) removol. MISS ANN SHAW CUMBERLAND, MD. 219 03 9673 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY INTRACRANIAL HEMORRHAGE, MACERATION OF BRAIN Б IMMEDIATE CAUSE (a) word cremation, DUESTO Canditians, if any, which gave GUNSHOT OF HEAD (6) writing the rise ta immediate cause (a) forworded to DUE TO stating the underlying cause 0 SELF INFLICTED PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 0 20g. EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) should PRIMARY I or CONTRIBUTING I 4 should **EXAMINER:** CAUSE OF DEATH agent, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) Haur a.m. factory, street, office bldg . etc) While Nat While at work at work its designated

Health or i NOV. 15.1966 REST LAWN MEMORIAL GARDEN 24 FUNERAL DIRECTOR CUMBERLAND, MD. 25g REC D BY REGISTRAR 6M 1/66

21. I certify that a took charge of the remains described above, held an AutopsyXXXX

Accident .

M.D.

23c. NAME OF CEMETERY OR CREMATORY

'Notural couses

BENEDICT SKITARELIC.

23b DATE THEREOF

Sciende

CUMBERLAND, MD. 25b REGISTRAR'S SIGNATURE Melanles 1966

Inspection XX

Homicide [

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ALLEGANY

Day

12 CITIZEN OF WHAT

USA

COUNTRY?

13

Mapths

e IS RESIDENCE

YES NO NO

Year

IF LINDER 24 HRS

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY PERFORMED? YES V

and in my opinion

22. DATE SIGNED

(County)

(County)

Inquiry [XX

Undetermined monner

DEPLTY MEDICAL EXAMINER XNOVEMBER 13. 1966

23d LOCATION (City or Town)

Address (Street, city, town, or collyBERLAND, MARYLAND

NO

(State)

66

VR A15ME (5)

may be re FUNERAL I

death resulted from

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

BURIAL, CREMATION.

the funeral director.

DEPUTY

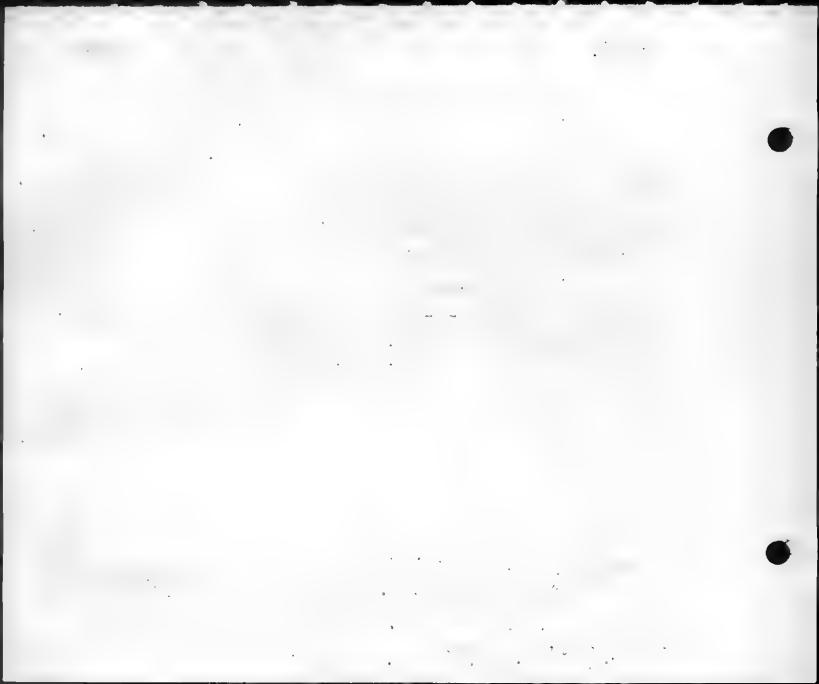
FOR STATE HEALTH DEPT.

cessary, cessary, funeral 5 may be MEC EXAMINER: This certificate should be executed within 24 hours after death. If any delay, excute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page for your files. please execute TO DEPUTY MED director. retained

3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department agent, prior to burlal, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page of Health or its designated VR AISME (5) 5M

MARYLAND STATE DEPARTMENT OF HEALTH 15016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C LENGTH OF STAY IN 1b	Maryland Allegany c. CITY OR TOWN (If butside corporate limits, write RURAE and give nearest town)
Near Flintstone D O A d. Name of Hospital or institution (if not in hospital, give street address)	Flintstone
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	OIS A PARM:
	Murleys Branch Rd. Route 2 YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Oay Year
(Type or print) Bruce Harrison	
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	O DATE OF PIRTH I O ACE (In upage IF HMOED 1 VEAD HE HMOED 24 HPS
	last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCEO 1	Oct. 28, 1912 5/, yrs. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Carpenter Self Employed	West Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Harrison Shrave	Della Teeter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unkown) (If yes give war or dates of service)	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	oldie Shreve, Murleys Branch RoadFlintstone
PART I. DEATH WAS CAUSED BY: GORONARY	OCCLUSION ONSET AND CEATH SUDDEN
420.1	
Conditions, if any, which) CORONARY	SCLEROSIS
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 119, WAS AUTOPSY
5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO DEATH BUT NOT REL	PERFORMED?
83	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PL HOUR a.m. P.m. 19 at work at work at work	URRED, (Enter nuture of Injury In Part I or Part II of Item 18.)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour s.m. While Not While 200. Fee	ory, street, office bldg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	
21. I certify that I took charge of the remains described above, he	eld an Autopsy 🗍 , Inspection 🛣 , Inquiry 📆 and in my opinion
death resulted from: Natural causes X, Accident , S	sicide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL AS ACTUAL TO ABITAL OF A	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE CONTROLLED TRUCK	DEPUTY MEDICAL EXAMINER K November 25, 1966
EXAMINER'S BENEDICT SKITARELIC, M.D.	Address (Street, city, town, or coun Gumberland, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER PROVAL (Specify) Nov. 28. 1966 Glendale Bro	ethren Cometery Allegens County Md
24 FUNGRAL DIRECTOR ADDRESS	ethren Cometery Allegany County Signatore
John J. Wafer, Jh. 230 Balto Ave. Co	way as been will be a large



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15017PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) ALLEGANY o. COUNTY b. COUNTY ALLEGANY O STATEMAR WLAND MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, RURAL LITTLE ORLEANS LIFE RURAL LITTLE ORLEANS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? HOME YES X NO 4 DATE 3 NAME OF Middle Lost Month First Day Year DECEASED 0F BANNER SMITH 66 19 (Type or print) DEATH 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED DATE OF BIRTH AGE (In years 88 birthdoy) Months Doys Hours WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? FARMING PARCELLE BEDFORD 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME PROVIDENCE MORSE DENTON SMITH WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, po or unknown) (If yes give wor or dotes of service SMITH LITTLE ORLEANS MD. IB. CAUSE OF DEATH (Enter only one couse per line for jo), (b), ond (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO. 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg, etc.) of work 2). I certify that (I) (this hospital) attended the deceased fram and that death occurred at 1/130A M, from causes and on the date stated above. saw the deceased alive on -22o. SIGNATURE 22b. DATE SIGNED MED. **ATTENDING** M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d LOCATION (City or Town) (County) 11.4.66 REMOVAL Specify FAIRVIEW CHRISTIAN ARTUMAS BEDFORD PENNA. 24. FUNERAL DIRECTOR **ADDRESS** REC D BY REGISTRAR 2Sb.

ouriot-transit permit. Then please remove carbon papers. Pages 1 buriol, cremation, at removol, and in ony event, within 72 hours after OR ATTENDING PHYSICIAN: The low requires that the death cestificate attending press signed by the buriof-transit p O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or ottending physicion. hos been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior ta this certificate O FUNERAL DIRECTOR: After

be executed within 24 hours after death.

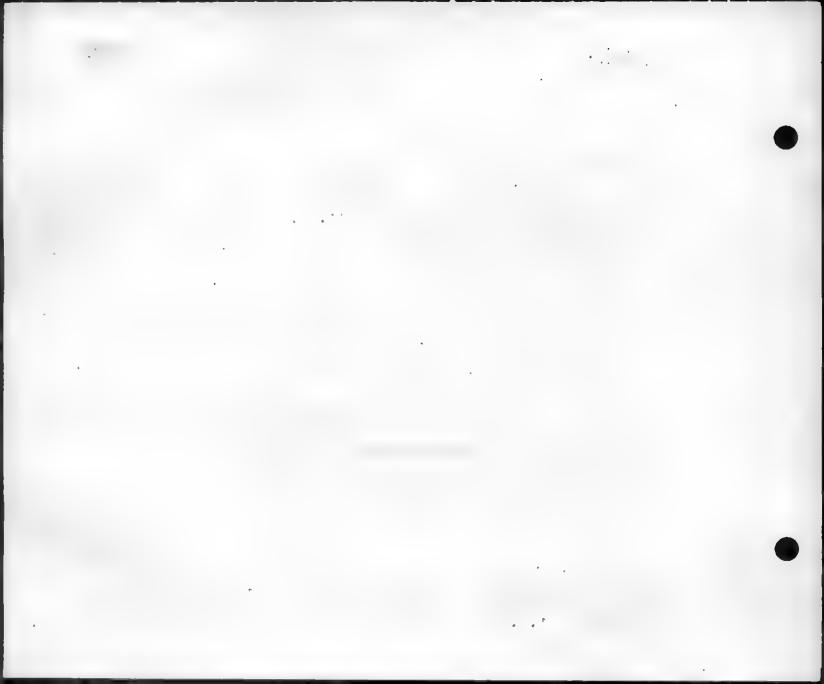
funeral i smid

by the Ti

filled in

completely

pleose



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15018 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY O STATE MARYLAND b COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c EITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) 14 DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A STREET ADDRESS Williams Rd. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL RT. #2, BOX 345 YES X NO Middle 3. NAME OF First Lost 4 DATE Month STAFFORD DECEASED ELSIE NOVEMBER LEONA (Type or print) 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED (ast b rthdoy) Months Dovs Hours 9-21-1899 FEMALE WHITE WIDOWED DIVORCED 10b USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of yorking the even itrefired) industry. Own home CUMBERLAND. MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME SANFORD RICE VICTORIA HITE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service MEMORIAL HOSPITAL - CUMBERLAND. MD. None. 18. CAUSE OF DEATH (Enter only one couse pgf INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEAT IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Hour om. 21. 1 certify that (1) (this haspital) aftended the deceased fram 5 M, from causes and an the date stated above. 106 19 , and that death accurred at saw the deceased alive an_ 2n SIGNATU STAFF DIRECTOR ADDRESS DR. R. J. WILLIAMS S. CENTRE ST., CUMBERLAND. MD. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THERFOR 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Sunset Memorial Park 11/22/66 Cumberland, Alleganii Md. 2So REC'D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR

executed within 24 hours after death. ve carban papers. Pages 1 event, within 72 hours after crematian, ar removal, OR ATTENDING PHYSICIAN: The law requires that the death certil Page 4 may be retained by the haspital ar attending directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to FUNERAL

VR A15 (4) 20 M 1/66

H. Wayne George Cumberland, Md.



Division of STATISTICAL RESEARCH AND DERECORDS 301 3W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15022 15019

PLACE OF DEATH O COUNTY					a STATE	Where deceosed lived, if institu-	INTV	/
O COUNTY	ALLEGANY		MARYLA	ND	NE	W YORK	MO	NROE V
	f outside corporate limits, give nearest tawn)		CLENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	tside corporate limits, write RI	JRAL ond give	neorest town)
FROSTB	URG		6 DAYS		RO	CHESTER		,
	AL OR INSTITUTION (If not	in hospitol, gi	ve street oddress)		d STREET ADDRESS	BLY STREET		e 15 RESIDENCE ON A FARM? Y
MINERS	HOSPITAL				10	DDI OTIMAT		YES NO
3. NAME OF DECEASED	Firs	it	Middle		Lost	4. DATE Moi		Doy Year
(Type or print)	MELVIN		LEE		STEWART	DEATH NOVEMB		14, 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED			B. DATE OF BIRTH	9 AGE (n years last birthday)	Months	Doys Hours Min.
MALE	WHITE	WIDOWED	DIVORCED		SEPT. 30, 1		10.00	7731 05 14414 7
100 JSLALOCCUPATION	(Give kind of work done life, even if retired)		ID OF BUSINESS OR		, ,	& State, or fareign country)	12 CI	ZEN OF WHAT UNTRY? S. A.
BUS DRIVE	R	CITY	TRANSIT CO).	KEYSER,		U	. S. A.
13 FATHER'S NAME	A				14. MOTHER'S MAIDEN I			~ ^ ^
	STEWART		OCIAL COCKERN NO	1.7.1		XBIN Llizabe		Crawford_
Yes, no or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of WIV 2	service) 10 3	OCIAL SECURITY NO.			nuffer 10 BT		
			-16-2144	MRS	. BARBARA S	TEWART, ROCHE	STER,	
	ATH (Enter only one coust H WAS CAUSED BY:	e per line for	(o), (b), and (c).)					ONSET AND DEATH
400	IMMEDIATE CAUSE (
Conditions, if ony,	Which gove >	P	1-1-	1	ral grew	en vitia		5 days
rise to immediat	e couse (o), ((b) <u>V/3C/2</u>	Keny Wille		Teak 4 races	7728/0000	÷ ·	/-
stating the under	rlying couse	(d)	V					
	CNIFICANT CONDITIONS CO	NTRIBILTING T	DEATH BUT NOT RELAT	ED TO 1	HE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY
200 ACCIDENT WAS	1 +-	10.	7 .		eidosis			PERFORMED? YES NO 1
200 ACCIDENT WAS	SUNDERLYING	205. DES	CRIBE HOW INJURY OCC	JRRED.	Enter nature of injury in	Port I or Port II of item 1B.)		1 12 0 11 20
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)				,	,		
= (" EITHER, NOTH")	JRY Month, Day, Year	20d IN	JURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home, form	n, 20f. (City or town)	((00	unty) (State)
Hour o.n	n.	While	Not While	fact	ory, street, office bldg., etc.)		
	14b			am /	1-5-	1966, 10 /1-14	/ 19 (66, that (I) (we) las
saw the de	eceased alive an_/	1-14	<u> </u>	d tha	death accurred at	기, 나가 M, from couse:	s and an tl	he date stated above
220. SIGNATURE	2 1				ATTENDING	MED STAFF	22b D	ATE SIGNED
12 10	rice Al	ROWA		M.0	D. PHYS	OIRECTOR PHYS		114/66
22c. PHYSICIAN'S NAME (Type		2010	STRONG		22d. ADDRESS	-othune	MI	•
MARIE (17Pe	/ / / / / / /					OSTOURG	110	
230 BURIAL, CREMATIC REMOVAL (Specify		REOF	23c NAME OF CEMETE	-		23d. LOCATION (City of 1		(County) (Stote)
BURIAL	NOV. 18	1966		MOR	IAL PARK	FROSTBURG,		CHATURE
24. FUNERAL DIRECTO		TID O CI	ADDRESS		274.086	2 I 1966 256	REGISTRAR'S S	Judge.
OWNER W.	DURST, SR.	, raus	LDUKU, PD.		DATE		-	The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after deafth. O HUSTITAL OR ATTENDING PHYSICAL: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.



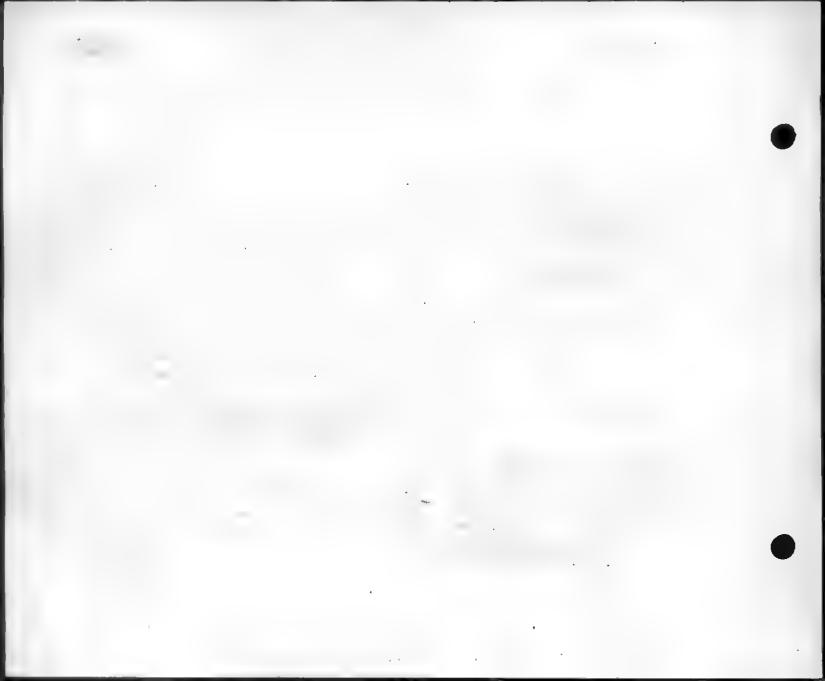
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death pertificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

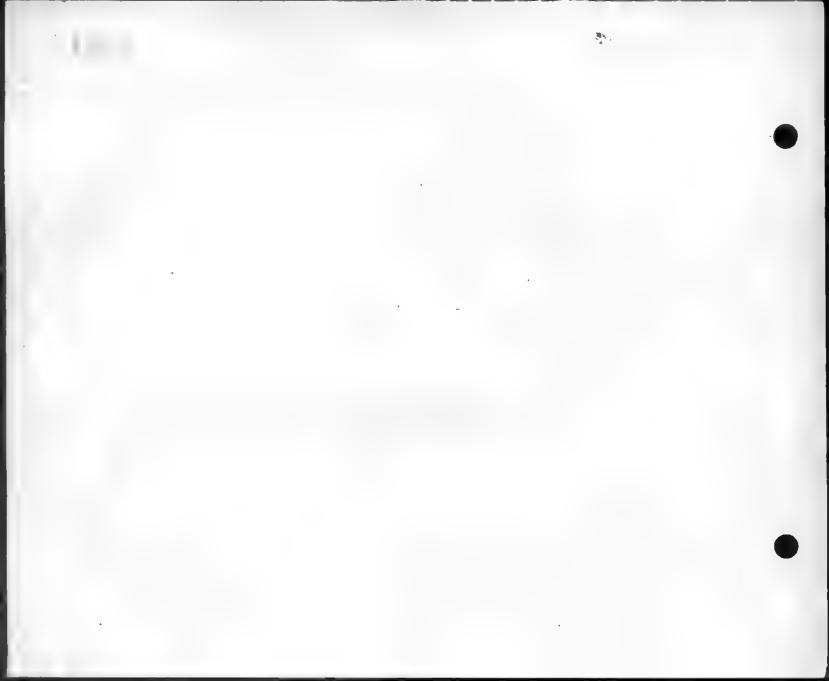
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1; MARYLAND
CERTIFICATE OF DEATH
15092

	OLK III IOA I	L OI DEATH	1	1	0000	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	E (Where deceases		ion: Residence	before admission)
ALLEGANY	MARYLAND	a. STATE MAR	YLAND	b. COUNTY	ALLEGA	VII
b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If				
FROSTBURG	LIEETIME		STBURG			,
d. NAME DE HOSPITAL OR INSTITUTION (If not in he		d. STREET ADDRESS	DIDORG			. IS RESIDENCE
357 WELSH HILL		357	WELSH	HILL	Y	ON A FARM?
3. NAME OF First	Middle	Last	4. DATE	Month	Day	Year
(Type or print) JOHN	Α.	STRUNTZ	DEATH N	OVEMBE	3 10	19 66
5. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	19. AG	E (In years IF U	NDER 1 YEAR	IF UNDER 24 HRS
MALE WHITE WIDOWED		MAY 6. 189		t birthday) Mor	ths Days	Hours Min.
1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (C			12. CITIZEN	OF WHAT
MINER	COAL	FROSTBUR	G. MARY	CTAA T	U.S.A	,
13. FATHER'S NAME	OOAD	14. MOTHER'S MAID		TRIAD 1	Uallat	
ANTON STRUNTZ		MARY D	ANCER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	HIVORIT	ETTÄUREST T	TIDA	74D
(Yes, no, or unkown) (If yes give war or dates of service)			O (B) D TY NUMB	FAUSTE		MD.
	4-07-5459MRS	. JOHN A.	STRUNZ	4,35/ 1	ELSH	
18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY:	Ine for (a), (b), and (c).]	11		11111		RVAL BETWEEN ET AND DEATH
IMMEDIATE CAUSE (a) 42	overy offeron	norzea co	vasaure	MATERIA	7	minute
T X . 1 DUE TO		- 1.		d'afance	-cus	
Conditions, if any, which	enoulerofu	- Hyperte	acure (Can Rus	det	15 mg?
gave rise to immediate (cause (a), stating the DUE TO	1 1 -	- //				
underlying cause last. (c) Cu	lar deserve	<u>_</u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NOT RELA		DISEASE CONDITI	ON GIVEN IN PAR	T1(a) 19.	WAS AUTDPSY PERFORMED?
ICA)		NONE			YE	
20a. ACCIDENT WAS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I	or Part II of Ite	m 18.)	
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 202. ACCIDENT WAS UNDERLYING 20b. I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMENE)			4			
	NJURY OCCURRED 120e. PLA	CE OF INJURY (Home, fa	arm, 20f. (City	or town)	(County)	(State)
ZDc. TIME OF INJURY Month, Day, Year 2Dd. J. Hour a.m., p.m. 19 at work	hand range assistment from the	ry, street, office bldg., e	tc.)	Section 200	-	
		4		11/10	10 (/ 1	
21. I certify that (I) (this hospital) attended		ACCIONAL A	9 44 P., ID			at (!) (we) last
saw the deceased alive on 22a. S(GNATURE	19 19 , and that	death occurred at z	M, II DIII I		b. DATE SIG	
Hantin In Allin	X 180	ATTENDING		STAFF -	11/21	1
22c. PHYSICIAN'S	CECE WC M.D	22d. ADDRESS	DIRECTOR	PHYS.	427	66
NAME (Type) MARTIN M. ROT	HSTEIN. M.D.	48 BROA	DWAY. F	ROSTBU	G. MD) .
	23c, NAME OF CEMETERY	OR CREMATORY		ION (CIty, town	or county)	(State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)						`
24. FUNERAL DIRECTOR OF THE ACTION OF THE AC	ST. MICHAEL	L OF a DEC	L FROST			Y L AND.
THARTLUU SUWERS, HAFER		115 1	1UN 20		liarles	
1 Mulou III Nousew 60 W. N	AIN ST. FROS	STBUR GDATE	101 20	1400	- 0	0 0

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY ely filled in by the further form papers. Pages 1 a vithin 72 hours after d a. STATE b. COUNTY after ALLEGANY ALLEGANY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours FROSTBURG FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 68 BROADWAY No A YES MINERS HOSPITAL completely 1 death certificate be executed within NAME OF DATE First Middle Last 4. Month Year DECEASED OF DEATH 1966 (Type or print) NOVEMBER TAYLOR 0. 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months i this certificate has been signed by the attending physician and detached for use as the burlal-transit permit. Then please remoy bept, of Health prior to burlal, cremation, or removal, and in any Days Hours MALE WIDOWED DIVORCED 25. 1892 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.A. SCHOOL TEACHLR, PRINCIPAL PUBLIC SCHOOLS BALTIMORE. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARAH A. MACNABB HENRY TAYLOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 212-38-5 YES IRS. ARTHUR W. TAYLOR, 68 BROADWAY, FROSTBURG, MD W. WAR I CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN TO HOSPITAL OR ATTENDIME THE HIGH. The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NONE YES I NO 🎮 20a. ACCIDENT WAS UNDERLYING () OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of 1 MEDICAL TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) 20d. INJURY OCCURRED 20f. (City or town) (County) be de State [Hour a.m. Not While FUNERAL DIRECTOR: After inector, page 3 should be done of the died with the State While at work at work AUGUST 1964 to 21. I certify that (I) (this hospital) attended the deceased from. NIDV. 6 19.66 and that death occurred at 1 M. from the causes and on the date stated above. NOV. 6 saw the deceased alive on. DATE SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS. ADDRESS 22d. director, p MARTIN M. ROTHSTEIN, M.D. FROSTBURG. BROADWAY. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 FROSTBURG. MARYLAND 24 FUNERAL DIRECTOR F REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HAFER FUNERAL HOME 60 1966 VR A15 (4) SOWERS FROSTBURG 15M 4-64



after death. and 2 filled in by the fupapers. Pages 1 drin 72 hours after o hours carbon pap ent, within 7 etely event, гетоуе and .5 physician ease certificate the atten ь transit perm cremation, c been signed by the burial-transit or to burial, creman attending physician. requires certificate 10 hospital this cerum-detached for PHYSICIAN: D DIRECTOR: shoul 3 sho

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Allegany b. COUNTY c. LENGTH OF STAY IN 1b

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cumber Land c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgeley, Route #1 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sacred Heart Hospital Short Gan NO X NAME OF First Middie DATE Mon th Day Year DECEASED Opha Bruce Tetar (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months White Days Hours Male WIDOWED TO DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bobbin Stones Employee Celange Fib. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Whitmer. W. Va. Celanese Fibres 13. FATHER'S NAME 24. MOTHER'S MAIDEN NAME Lee Teter Jane Teter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 217-10-7359 patient's 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES [2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour am. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from __//- ? 2 saw the deceased alive on and that death occurred at_____ _M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. PHYSICIAN'S 22d. ADDRESS NAME (Type) Greene St. Cumberland Brings. M. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY BUTLAL (Specify) Fort Ashbu Cenetery Fort Ashbu.

Cumberland, Maryland

REGISTRAR'S SIGNATURE

VR AI5 (4) 2DM 1/65

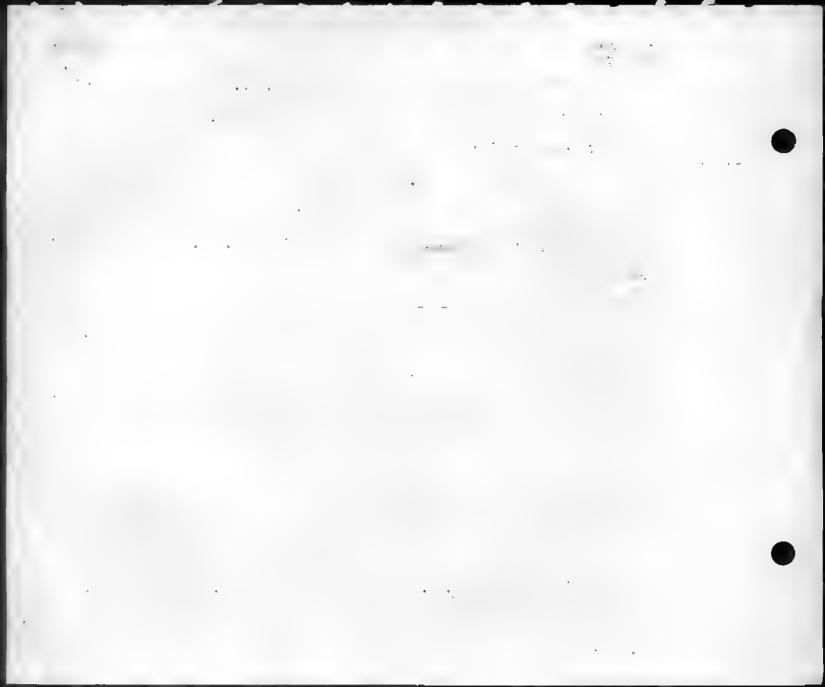
may

page

24. FUNERAL DIRECTOR

H. Wayne George

director, pay



			MAISINII OL SIMIISI	ICAL KLJEA	RCH AND RECORE	J3, JUI	W. INCOION SING	LI, BALIIMORE, MAK	TUAND ZIZUI	
_ 2 £		1502	}		CERTIFI	CATE	OF DEATH		1502	6
and and	1	PLACE OF DEATH o. COUNTY	Allega	-	MARYL	AND	2. USUAL RESIDENCE (No. STATE Mary	Where deceosed lived, if institution b. CC	NUNTY Allega	
n by the s. Pages haurs all		Cumbe:			7/25/196			tside corporate limits, write l		
sly filled in I oan papers. within 72 ho			any Count		77 Chaine Street					S RESIDENCE ON A FARM? NO X
		NAME OF DECEASED (Type or print)	Core		Middle Davis		lost nomas	OF Novem		Year 19 66
and campletely remaye carban man, event, wit	1 "	sex Fomale	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH 1/10/1885	9 AGE (In years lost birthdoy) 81 yrs	Months Doys	UNDER 24 HRS Hours Min.
physician and en please removal, and man	10d dui	ing most of working House	(Give kind of work done life, even if retired)	105 K N INI OV	ND OF BUSINESS OR DUSTRY NOME		11. BIRTHPLACE (County Maryland	& State, or foreign country)	12 CIT ZEN OF W COUNTRY? U.SS	HAT
physic hen ple noval, o	13	FATHER S NAME	Joseph F	atkin			14. MOTHER'S MAIDEN I	o Percy		
signed by the attending phys burial-transit permit. Then p burial, crematian, ar removal,	SI (Y	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates o	France V	0014L SECURITY NO -09-6613A		NFORMANT P.O.	Box 599, Conty Infirm	umberland ary recor	.Md.
by the a ransit pe crematian		18. CAUSE OF DE PART I. DEAT	ATH (Enter only one cour H WAS CAUSED BY- IMMEDIATE CAUSE	(U) WP.	(o), (b), and (c))	2,0	che dege	werding.	Second INTERV	AND DEATH
signed by the burial-transit burial, cremat		Canditions, if any,	DUE which gove)	102 as	the state of the s	ole	voter &	iceres pro	Cerchiop	
as been signated as the bud prior to bu		rise to immediat stating the under last		10(3) Ex	dio the	us	gudio.	ul Ghilep	" andred	(lal)
e has to use as alth price	ATRON	PART II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(0)	19. W. PE YES	AS ALTOPSY REORMED?
ertificat ed for . of Hec	CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DES	CRIBE HOW INJURY OCC	URRED (Enter noture of injury in	Port I or Port II of item 18.)		
PEUNERAL DIRECTOR: After this certificate ha director, page 3 should be detached for use should be filed with the State Dept. of Health page 1.	MEDICAL		RY Month, Doy, Yeor	20d IN While of work	Mot While		E OF INJURY (Home, form ry, street, office bldg , etc.)		(County)	(Stote)
R: Afte		21. I certi		oital) attend	led the deceased f	nd that	death accurred at	9, ta_11/2/ M, fram cause		
e 3 sho		22o. SIGNATURE	Chese	at ti	on the	W.D	ATTENDING PHYS	MED. STAFF DIRECTOR PHYS	22b. DATE SIGNED 11/2/19	66
ERAL D		22c. PHYSICIAN'S NAME (Type)	Lee B.	Mathew	rs, M. D.		22d. ADDRESS 49 Gre	ene St., C	umberland	, Md.
TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached far use as should be filed with the State Dept. of Health pri	I	BURIAL, CREMATIO REMOVAL (Specify)	Nov. 5		FB G. MEN			23d. 10CATION (City or Frostburg	, , , , , , , , , , , , , , , , , , , ,	(Stote)
VR A15 (4) \ \ 20 M 1/66		OSEPH R.			ADDRESS				REGISTRARS ALCHANURE	age.

TO MOSPITAL OR ATTENDING MIYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

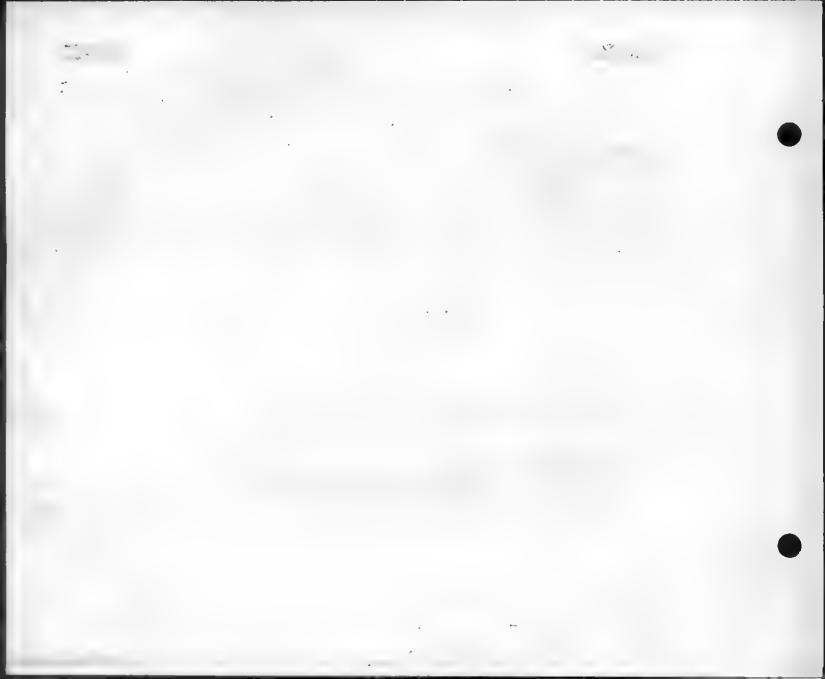
Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY

3		L	INISION OF STATISTICAL	RESEARCH AND RECORDS,	OUT W. PRESION SIKE	CEI, DALIIMUKE, MAKTLA	AND ZIZUI
1		15024		CERTIFICA	TE OF DEATH		15027
		PLACE OF DEATH COUNTY	ALLEGAN	Z MARYLAND	d. STATE MARY		ALLEGANY ,
	I	CITY OR TOWN (If	outside corporate mits, give nearest tawn)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If au	utside corparate limits, write RURA	AL and give nearest town)
		FROSTBU	JRG	30 YRS.		TBURG	,
	1	H. NAME OF HOSPITA	L OR INSTITUTION (If nat in he	aspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
-			OST_AVENUE			FROST AVENUE	YES NO 🔼
		NAME OF DECEASED Type or print)	NANCY First	Y	IRNER Lost	4 DATE Month OF NOVEMBER	23, 19 66
	5 FE	MALE	7 17 7 mma	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH MAY 14, 1908	9 AGE (In years 58 birthday) yrs	Manths Days Haurs Min
	duri	ng most of working l RETIRED	(Give kind af wark dane de even if retired) COOK	106 KIND OF BUSINESS OR SCHOOL CAFETERIA	MARYLA		12 CITIZEN OF WHAT COUNTRY? U.S.A.
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN		
			IN WRIGHT		ELIZA		
	(Ye	WAS DECEASED EVER s, no, or unknown)	IN U.S. ARMED FORCES? If yes give wor or dates of servi	(e) 212–24–1017	THOS. F. TURN	Addres ER, FROSTBURG,	
1			ATH (Enter only one cause per H WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b) and (c))	y occ	Eusion	INTERVAL BETWEEN ONSET AND DEATH
		420	DUE TO	81.6	. 1 2	•	40.
		Conditions, if ony, rise to immediate	cause (a)	FFC	0 1)		Fran
		stating the under	ying cause Dut 10				
		last.) (t)_	BUTING TO DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE CO.	NDITION CIVEN IN DART I/w)	10 WAS AUTOPSY
()	CERTIFICATION						19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	20a ACCIDENT WAS OR CONTRIBUTING ! (IF EITHER, NOTIFY !	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURR			
	MEDICAL	Haur a.m p.m	. 19	While at wark of work	PLACE OF INJURY (Hame, fare factory, street, office bldg., etc.)	(County) (State)
		21. I certif	y that (I) (this haspital)	attended the deceased fram	oct.	19 6 b, to Nov. 2	3, 196 (a) that (1) (we) los
			ceased alive on ///	7 3 19 66, and 1	hat deoth occurred of	M, from causes o	and on the dote stoted obove
		22o. SIGNATURE	forth	n B. Dave,		MED STAFF DIRECTOR PHYS.	226 DATE/SIGNED / 66.
		22c. PHYSICIAN'S NAME (Type)	JOHN B.	DAVIS, M. D.	22d. ADDRESS 2 BROA	DWAY, FROSTBUR	G, MD.
	230	BURIAL, CREMATIO		23c. NAME OF CEMETERY		23d LOCATION (City or Tow	
0		BURTAL	. , , , , , , , , ,	FB'G. MEMORI	AL PARK	FROSTBURG,	, MD.
N	24	FUNERAL DIRECTOR JOSEPH F	DURST, FROS	STBURG, MD.		NOV 2.8 1966	GISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transet peace remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health priar to burial, cremanely, in remand, and in any event, within 72 haurs after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15025 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE West Virginia b COUNTY Minaral ייתריית מדד ב MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURA, and give negress town) Wiley Ford 2 months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENC d. STREET ADDRESS ON A FARM? 31. South St. ("irra Teridence) YES P NO [3. NAME OF Last 4. DATE DECEASED Bertie Alica Tugin mer Nov. (Type or print) DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED F NEVER MARRIED 8. DATE OF BIRTH Jost birthdoy) Months WIDOWED July 3, 1888 Famale White 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1). BIRTHPLACE (County & State, or foreign country) during mest of working life even if retired) Home Mt. Jackron, Virginia USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary C. Lonas John D. Scothern 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Danahtar 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service Crimitarland, Mid. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO storing the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AJTOPS! PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg , etc.) ot work ot work 21. I certify that (I) (this haspital) attended the deceased from 1966, that (1) (we) last 1906, and that death occurred of 12 x 2M, from couses and on the date stated above. saw the deceased alive on_ 22o. SIGNATURE 22b. DATESIGNED STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22r. PHYSICIAN'S NAME (Type) Dr. David T. Rees 702 norther ery Ayn. Curh rland, Md.

O FUNERAL DIRECTOR: After this certificate has been directar, shauld b VR A15 (4) 20 M 1/66

23o. BJRIAL, CREMATION.

TREMOVAL (Specify)

23b. DATE THEREOF

requires that the death certificate be executed within 24 haurs after death

funeral i and death

filled

and

signed by the attending

aftending physician

by the hospital or

pau

event,

Б

crematian,

burial-transit burial, cremati

as the priar tal

detached for use te Dept, af Health

þe

St. Mary's Comet **ADDRESS** James F. Scarpelli, Cumberland, Md.

23c. NAME OF CEMETERY OR CREMATORY

2Str. REC'D BY REGISTRAR

. MA. Alleviny 2Sb REGISTRAR'S SIGNATURE

966

Ocharley

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Residence before admission) m. COUNTY **b.** COUNTY XS OMXXXXXXXX £2.4 Maruland Allegany MARYLAND and ± c. CITY OR TOWN (If outside corporate limits, write RURAD THE CANYST town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 Cumber Land 2hrs. Cumberland Pages filledi d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE carbon papers. Paget, within 72 hours ON A FARM? 611 Piedmont Memorial Hospital YES NO IX 3. NAME OF Middla DECEASED 19 66 Nov 19 (Typa or print) Robert VanHorn DEATH Lerou 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE IIA YBBES | IF UNDER 1 YEAR | IF UNDER 24 HRS 6 birthday) Julu 30. 1905 Months Male WIDOWED [DIVORCED [ding physician alease remove c 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) RR Signal Inspecto Inspector Rockey Ridge, Md. USA 500.c 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel T. VanHorn ä Bessie Late Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 611 Piedmont Av. Cumberland, Md. (Yas, no, or unkown) (If yas give were relates of service) Sulvia D. VanHorn permit. ۾ 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c), l INTERVAL BETWEEN ò arlenoselerote condiviruinto disease ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata causa **DUE TO** (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY 35 CERTIFICATION PERFORMED? use Prior NO A 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) detached for t. of Health OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from 19 m. 195 5 to Ev. 19 m. 196 that (1) (we) last saw the deceased alive on 19.00 and that death occurred at 10.4 M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING death, rage ... rector, page arms M.D. PHYS. DIRECTOR | HOSPIT 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) [// Alfred VanOrmer 23d. LOCATION (City, town or county) Lavale 236. BURIAL, CREMATION, 236. DATE THEREOF, REMOVAL (Specify) 1966 Rest Lawn Mem. Park ខ្មុំដូ Burial Cash Valley Rd 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AIS (4) DATIN 20M 5-63

MENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		15027			CERTIF	ICATE	OF DEATH		1	5030
		CDUNTY A	LLEGANY		MARY		o. STATE W. V		M YTH	ORGAN
	Į		TEREMON,	,	24 DAYS	1		tside corparate limits, write RI AT CACAPON	URAL and give	nearest town)
EN	-		ORIAL HOS		ive street address)		d. STREET ADDRESS			DN A FARM? YES NO
	1	NAME OF DECEASED Type or print)	ESTON	st	Middle	VA	NOSDAL E	4. DATE MOR		Day Year 22 1966
	S.	MALE	6. COLOR OR RACE WHITE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		3-28-1900	9 AGE (In years last birthday) 66 yrs.	Months	YEAR IF UNDER 24 HRS Doys Hours Min.
	duri	ng most of warking RETIRE	(Give kind of work done life, even if retired) D SHERIFE	IN	ND OF BUSINESS OR DUSTRY OR GAN CO.			& State, or foreign caunitry)		ZEN OF WHAT
			. VANOSDA			1.9	ALVERDA	HUTCHINSON		and a real but the
	1S. (Ye	WAS DECEASED EVE s, no, ar unknown)	R IN U S. ARMED FDRCES? (If yes give war ar dates a		SDCIAL SECURITY NO	17 M	EMORIAL H	OSPITAL - CU	MBERL	AND, MD.
,			EATH (Enter only one cour TH WAS CAUSED BY IMMEDIATE CAUSE DUE	(o) (d)	(a), (b) and (c))	1200	ler die	C.U.D.		INTERVAL BETWEEN ONSET AND DEATH
1		Conditions, if any use to immediat stating the underlast.	, which gave) e cause (a), (rlying couse ((b)				*		6-27-61
,	ATION	PART II. OTHER SI			O DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OC	CURRED.	Enter nature of injury in I	Part I or Part II of item 18)		
	MEDICAL	20c. TIME OF INJ Hour a.i	16	20d II While at war			E OF INJURY (Home, farm pry, street, affice bldg , etc.)		(Cav	nty) (State)
		saw the d	fy that (I) (this has eceased alive an	pital) atten	ded the deceased	fram_(and that	death accurred at	4:40 MAIROM causes	s and an th	
		22a. SIGNATURE	My	3 W.	Elliano	MI). PHYS.	MED STAFF DIRECTOR PHYS [] //	TE SIGNED
1		22c PHYSICIAN'S NAME (Type	DR. W.F	. WIL	LIAMS		224 22 25.	CENTRE ST.		ERLAND, MD.
		REMOVAL (Specify	11/35	71966		t, V	/. Va.	Largent,	Morga	
t		ohnson	Funeral F	iomes,	Bandwin s Berkele		ogs.		REGISTRARS SI	anature Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending providen and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. (John piece remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed and in any event, within 72 hours after death. **IO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/65 Y



FOR STATE HEALTH

PM3 Poge any deloy is necessary, please execute the certificate, writing the word "pending" in Mencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Nage 4 shauld be forwarded to the Chief Medical Examiner's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

5 may be retained for your files.

TO FUNDINAL DIRECTOR: Page 3 should be used as usual-transit permit. File mages land 2 will write Shate Department of Health or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hairs after death. MARYLAND STATE DEPARTMENT OF HEALTH

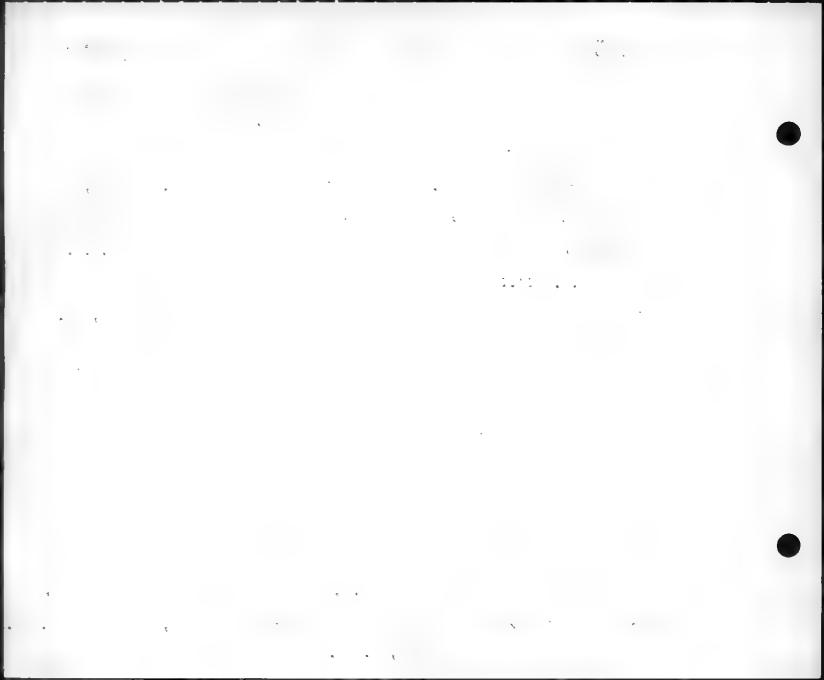
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15031

15028 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

									224	
J PLACE OF DE o. COUNTY	ATH				2. USUAL RESIDE	NCE (Where deced	ised lived, if institu		e before odmission)	
0. 600111	Allegany		MAI	RYLAND		tryland			legeny	
	WN (If outs de corporate I mits	i,	C LENGTH OF STAY	' N Ib			ote limits write RI			
write RUR/	Al and give nearest town) Amberland		DOA		McC	coole			01.,	
	OSPITAL OR INSTITUTION (If no	t n hospital, (give street oddress)		d. STREET ADDRES	5			e IS RESIDEN	
Mer	norial Hosp	ltal_			McC	Coole(Ro	iral)		YES NO	
3. NAME OF DECEASED	Fir	51	Middle		Lost	4. DATE	Mor	nth	Doy Year	
(Type or print	Grace		Lo		Viney	OF DEATH	Nev-		11. 1960	6
5 SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRE	ED 🔲	DATE OF BRITE		9 AGE (In years lost birthday)	Months I		HRS Min
Female		WIDOWED	D YORC	ED 🗌 5			76 yrs			WIII
AUSUA DOCUM	ATION (Give kind of work done irking life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE	(State or foreign o	ountry)		IZEN OF WHAT JNTRY?	
	lemaker	IN IN	Home		West	Virgin:	ia		S.A.	
13. FATHER S NA	ME				14 MOTHER'S MA					
	J.W. Will	is			De l	la Paus	rh			
15 WAS DECEASE	D EVER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.		NFORMANT	0!	Add	1622		
No.	own) I(ii yes give wor ar daies o	2 SELAICE)		0	usell	Viene	~ M	cCee L	e. Md.	
	OF DEATH (Enter only one cou	se per line for	(o), (b), ond (c))			С	/		INTERVAL BETWE	ÉN
PART I	DEATH WAS CAUSED BY IMMEDIATE CAUSE	(n)	CORO	NARY	OCCLUS	SION			SUDDEN	(H
41	/ DUE									
Conditions,	fony which gove)	(b)	CO	RONAL	RY SCLE	EROSIS				
	ediate couse (o), (underlying couse DUE									
lost.		(c)								
PART II OTH	IER SIGNIFICANT CONDITIONS C		O DEATH BUT NOT R	ELATED TO 1	HE TERMINAL DISEAS	SE COND T ON GIV	EN IN PART I(o)		19 WAS AUTOPS	
200 EXTERN PRIMARY (Hyperte	ensive	cardio	vasci	ılar dis	ease			PERFORMED' YES NO	· (3d)
€ 20o EXTERM	IAL CAUSE WAS		SCRIBE HOW INJURY				rt I of item 18.)			Lagra
PRIMARY (or CONTRIBUTING 🗀									
20c TME O	F INJURY Month, Doy, Year	20d li	JURY OCCURRED		E OF NJURY (Home		(City or town)	(Co.	nty) (Sto	ite)
E Ho	ur o.m. 19	While of world		facti	ory, street, office bldg	, etc.)				
21.15	ertify that I took charge			thave he	d on Autonsy [Inspert	ion 🛣 , Inc	uiry 💢 ,	and in my op	Inion
1 1	esulted fram: Natura	_					Indetermined r			1,0
	1		7		Land /	DICAL EXAMINER				
ACTUAL	131	· L	St. Ta	1		MEDICAL EXAMI	VER T		22. DATE SIG	SNED
SIGNATURE	/-	E/1/	- KILONE	The Acade	DEPLITY N	AFDICA. FXAMINE	K Nove	mber	11, 196	6
EXAMINER'S NAME (Type		t Ski	tarelic	, M.I	Address ((Street, city town	or counciumb	erlar	id, Md.	
230 BURIAL, CRE		REOF	23c NAME OF CEN	WETERY OR	CREMATORY	23d L	OCATION (City or I	own)	(County) (Stat	e)
REMOVALIS	15 Nov	1966	Petemac	Vall	ey Memor		eyser,		W.	Vo
24 FUNERAL DI	RECTOR	71 1	ADDRESS		25g	OV 1 4	PAR CC 25b	COISTRAR S. 8	GNATURE	
Ul	len M. Xo.	tuck	Keyser,	W. V	a DATE	VV 14	1000	- Corporation	Judge	

VR A15ME (5) 6M 1/66



se remave carban papers. Pages 1 and d in any event, within 72 haurs after death physician and campletely filled in by the funeral

remave carban

Pages 1 and

Division of STATISTICAL RESEA	MARYLAND STATE DEI ARCH AND RECORDS, 301			, MARYLAND 2	1201	
15029	CERTIFICATE	OF DEATH		1	5032	
PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (No. STATE		b COUNTY	dence before odmission	1)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumperland	t days	c CITY OR TOWN (If our	itside carparate limit			
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g Sacred Heart Hospital		d. STREET ADDRESS 59 Walnu			e. IS RESIDI ON A FA	
3. NAME OF First (Type or print) Cliffor	Middle	Lost Walls	4. DATE OF DEATH	Month	Doy Year	
5. SEX 6. COLOR OR RACE 7. MARRIED Male White WIDOWED	☐ NEVER MARRIED ☐ 8 ☐ DIVORCED 🎉	DATE OF BIRTH	9 AGE (In years IF UND Inthdoy) Month	ER I YEAR IF UNDER	
10o USUAL OCCUPATION (Give kind of work done 10b. KI	nd of Business or Dustry Cules Powder	11 BIRTHPLACE (County Marvland		intry) 12	COUNTRY?	S.A
13 FATHER'S NAME Tohn Charles Walls 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16:		14. MOTHER'S MAIDEN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war at dates of service) Yes WW 2	SOCIAL SECURITY NO. 17. II $3 - 10 - 974$	NFORMANT Patient's C	hart	Address		
18 CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY.	(a) (b) and (d))			2 day	ONSET AND DE	
DUE TO	MERVLUNGP				une	
stating the underlying couse ast.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PA	RT I(o)	19 WAS AUTO PERFORME	PSY D?

200 ACC DENT WAS UNDERLYING . 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town)

Hour o.m.

23b DATE THEREOF

Not While at work factory, street, office bldg., etc.)

ATTENDING PHYS.

K

(1 - 21, 19 66, that (+) (we) last M, fram causes and an the date stated above.

1966, to 21. I certify that (I) (this hospital) attended the deceased fram_ saw the deceased alive an 11-21 19_66, and that death accurred at 220 SIGNATURE 22b DATE SIGNED

22c PHYSICIAN'S			22d. ADDRE
NAME (Type)	- MICHAGL	Ghick	126

23c NAME OF CEMETERY OR CREMATORY

M.D.

SMALLWOOD D 23d. LOCATION (City or Town) (County)

STAFF PHYS.

REMOVAL (Specify)
Burial 11-24-66 Grantsville Cemetery ADDRESS 24. FUNERAL DIRECTOR Joseph R. Durst, Sr., Frostburg, Md.

REC'D BY REGISTRAR

MED. DIRECTOR

Grantsville, Md.

(County)

NO S

(Stote)

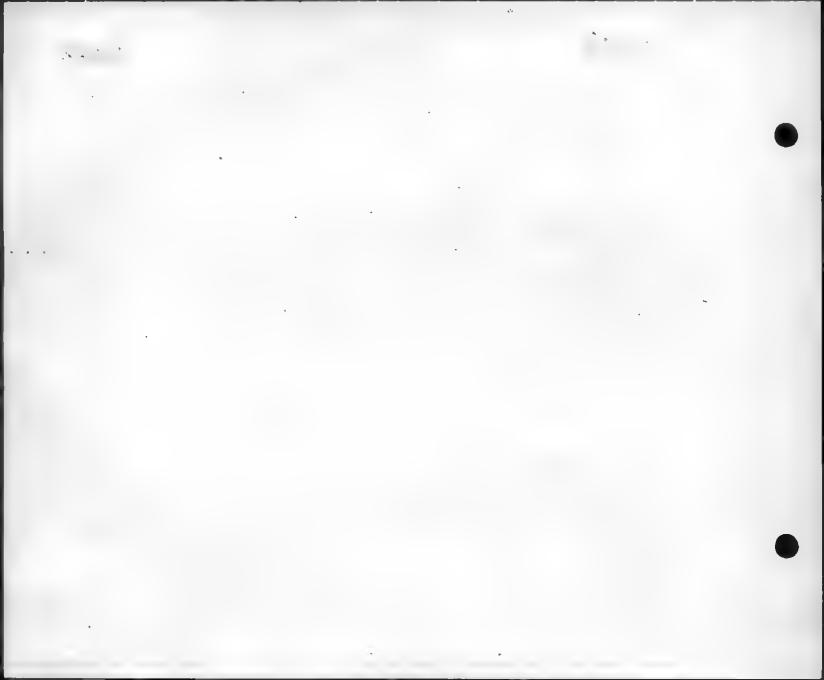
(Stote)

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. director, page 3 shauld be detached for use as the burial-transit permit. The shauld be filed with the State Dept. of Health prior to burial, cremation, or reme TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be defached for use as the burial-transit permit. The VR A15 (4) 20 M 1/66

CERTIFICATION

MEDICAL

23o. BUR-AL, CREMATION,



TO FUNERAL DIRECTOR: After this certificate has been signed by the akending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit being. Then please remove carbon papers. Pages L and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected in the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected in the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected in the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected in the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected in the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected in the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected in the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected in the filed with the State Dept.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1909	U		CEKITIC	AL	E UF DEATH	TII .			(alla	3	
1. PLACE OF DEAT	TH				2. USUAL RESIDEN	CE (Where de	eceased lived,	lf instituti	ion: Residence	Defore ac	Imission
a. COUNTY	ALIEGANY		MARYL	AND	a. STATE MAI	RYLAND	b. (COUNTY	ALLEG	ANY	
b. CITY OR TOV	WN (if outside corpora L and give nearest to	ate (imits, wn)	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside co	rporate limit:	s, write R	URAL and gl	e neares	st town
FROST	BURG		LIFE		FI	ROSTBU	RG			,	
d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not in hi	ospital, give street ad	dress)	d. STREET ADDRESS				•	ON A I	IDENCE
225_W	INNERS LANE				22	25 WIN	VERS LA	ME	1		NOT
3. NAME OF DECEASED	F	irst	Middle		Last	4. DATE	A	donth	Day	Yea	ar
(Type or print)	GERALI)INE	K.		WALLS	OF DEAT	H NOVE	MBER	30,	19	66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH	9	. AGE (In ye	ars 1F U	NDER I YEAR		
FEMALE	WHITE	WIDOWED	_		APRIL 18.	1940	last birtho		ths Days	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work king life, even if retire	done 10b. K	IND OF BUSINESS OR	band	11. BIRTHPLACE (C				2. CITIZEN	OF WHAT	
GAUGE EXA		ATJE	GANY INSTEA	IMEN	TT MARY	LAND			U.S.A		
13. FATHER'S NAT		12.00	- WALLE - BAND 2300		14. MOTHER'S MAI				Uaban		
HOWA	RD J. HOLTZ	MAN			ATMA	BITTNE	RR .				
15. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT	2000 414		ddress 2	25 UTM	NERS	T.AN
(Tes, no, or unkown)	(If yes give war or dates		-38-5350	CI	JIFFORD A. V	PATITS	FROSTE		MD.		11111
1 18. CAUSE OF	DEATH [Enter only or				THE LOID BY	· ALUELUS	110011	301101	INTE	RVAL BE	TWEEN
PART I. D	EATH WAS CAUSED BY		CONIE R	FN	AL FAI	LURIS			ONS	ET AND I	DEATH
1-72	MMEDIATE CAUSE										
Conditions, If	any, which \	10 Cake	MIZOLON	15/	PIRRITIE				5	ノベム	
gave rise to	Immediate	(-)			,.,,						
cause (a), a											
		ONSCONTRIBI	TING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL	DISEASECOL	NDITIONGIVE	NINPART	1(a) 119.	WAS AU	JTÖPSY
AT	ordin termi combin	0110 001111100	THIS TO SEATH BOTTLE	, i web	(1 CO TO THE TERRITORE	O I GENOL SO	101110110111			PERFOR	MED?
202 ACCIDENT	T WAS UNDERLYING	20b, D	SECONDE HOW INVEST	V OCCI	IRRED. (Enter nature o	of Indoor In F	art Lor Dort	II of Ho		s 🔲	NO E
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	TING T CAUSE OF DEADTIFY MEDICAL EXAMI	TH 200. L	ESCRIBE HOW INJUR	r OGGU	IKKED. (Enter nature o	it iu juty i u i	att tot Patt	. II OT ILE	111 16.)		
G (IF EITHER, NO							1011		(04)		04-4-3
20c. TIME OF Hour a	INJURY Month, Day, .m.	While	NOURY OCCURRED 20	e. PLA facto	CE OF INJURY (Home, f ry, street, office bldg., i	etc.)	(City or tow	n)	(County)	(S	State)
¥ P	.m. 19										
21. I certi	lfy that (I) (th is hos					19 <i>64</i> , to	3000	00	1964, th	at (1) (v	ve) las
	eceased alive on	25 NO	19 66, an	d that	death occurred at	M, fi	rom the cau				above
22a. SIGNATU	JRE 2	1 0	1		ATTENDING .	MED.	CTAFF	22	b. DATE SI		
	- nec	Mark	Lesse	M.D	PHYS.	DIRECTOR	STAFF PHYS.		11/30/	66	
22c. PHYSICI NAME (1	Tarmed .				22d. ADDRESS						
	L. MICHI	AEL GLI	CK, M. D.		126 N. S	MALLWO	OD ST.	CIIM	BERLAN	D, M	D
23a. BURTAL, CRE REMOVAL (SI	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY		OCATION (CI			(\$1	tate)
BURIAL	DEC.	3, 1966		BRI	AL PARK		ROSTBUR				
24. FUNERAL DIR			ADDRESS		25a. RE		ISTRAR 25b			ATURE	
JOSEPH R	DIRET CE	TERMS	תואר בימודים יח			FC 5	1966	000	10	1	** 35

VR AIS (4) 20M 1/65

IN NOSHITH OR TITIES FIVE INVESTION. The law requires that the death cartificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

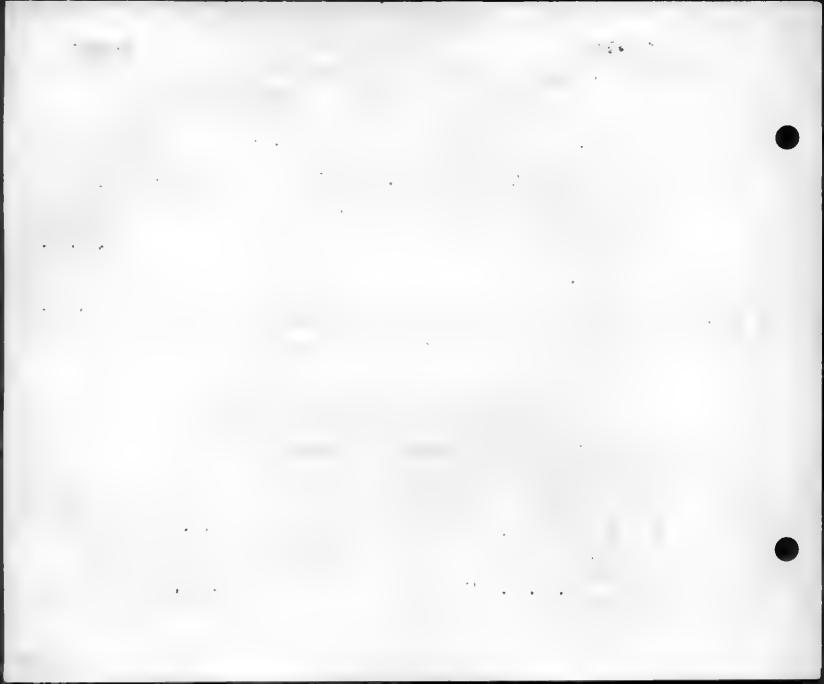
1	15031			CERTIFIC.	AIE	OF DEATH		15034
T	PLACE OF DEATH COUNTY AL	ECANY				2. USUAL RESIDENCE (V	Where deceased lived, if institute b. COUN	
				MARYLAN	- Ш	WEST	VIRGINIA	· · · · · · · · · · · · · · · · · · ·
		f outside corporate limit give nearest tawn)	s,	c. LENGTH OF STAY IN 18	S	c CITY OR TOWN (If or	itside corporaté límits, write RUR	AL and give nearest town)
_	CUMBERI	AND				RIDG	ELEY	e. IS RESIDENCE
		ORIAL HOS		ve street oddress)		ROUTE	1	ON A FARM? YES NO 3
3	NAME OF DECEASED (Type or print)	CHARL	ËS	Middle F		WEAVER	4. DATE Month OF DEATH NOVEMBE	R 8 1966
	MALE	6 COLOR OR RACE WHITE	7. MARRIED X	_		DATE OF BIRTH 10-23-95	9. AGE (In years less pirthdoy) yrs.	Manths Days Hours Min
dur	i. USUAL OCCUPATION ing mast af warking leticed T		IND	D OF BUSINESS OR SUSTRY		11 BIRTHPLACE (County MATHIAS	8 State or foreign country) W • VA •	12 CITIZEN OF WHAT
13.	FATHER S NAME	L. WEAVE				14. MOTHER'S MAIDEN CAROL IN	NAME E FITZWATER	
1S {Y	WAS DECEASED EVE es, no, or unknown)	(If Yestaline Mor or dotes	of service) 16. S	OCIAL SECURITY NO		FORMANT MORIAL HO	SPITAL, CUMB	
		ATH (Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE	1	(o), (b), ond (c))	دد	Three	whore	INTERVAL BETWEEN ONSET AND DEATH
	420 1 Canditions, if any,	DUE	2		//	3/1/2	Dirical	14 days
	rise to immediate stating the under lost.		10	1 Hre	czn	ial-		adays
VIION	PART II. OTHER SI	SNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED	D 10 11	HE TERMINAL DISEASE CO	NOTION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		E CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCCUP	RRED	Enter nature of injury in	Part I ar Port II af item 18.)	Military and the second
MEDICAL		IRY Month, Doy, Year		JURY OCCURRED 200 Not While Drwork		E OF INJURY (Home, formany, street, affice bldg., etc.		(County) (State)
	21. I certi		spital) attend		m//	death accurred at	Mo filom causes	, 19, that (I) (we) las
1	220. SIGNATURE	1/1/1			M.D	ATTENDING -	MED STAFF DIRECTOR PHYS	22b. DATE SIGNED
-	PHYSICIAN'S MAME (Type)		J. WILI	IAMS		22d. ADDRESS CUMBER	LAND, MD.	
23	BURIAL, CREMATIC		-	23c. NAME OF CEMETER			23d LOCATION (City or Tov	, , , , , , , , , , , , , , , , , , , ,
_	Ju.	2407 • T	1,7965	15e Cemet	أتدفا		Near Ridge	GISTRAR'S SIGNATURE
2	4. FUNERAL DIRECTO	R and		ADDRESS				GISTRAK'S SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth

Poge 4 may be retained by the haspital or ottending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fu≡eral director, page 3 should be detached for use as the buriol-transit permit them. Deose remove carban papers. Pages I gard should be filed with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after deat



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that he may be retained by the hospital or attending physician.

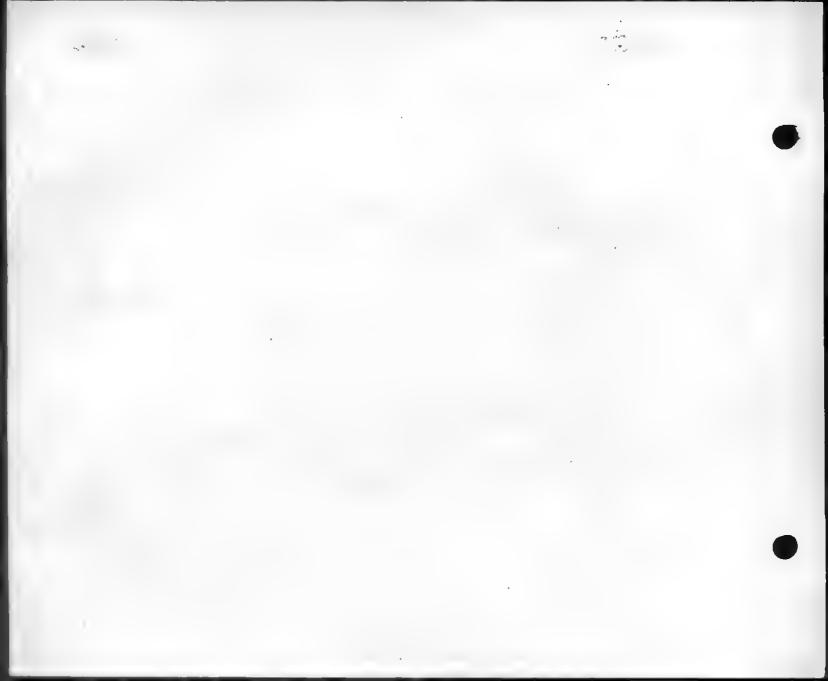
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I CERTIFICATE OF DEATH	BALTIMORE_1_MARYLAND
15032	CERTIFICATE OF DEATH	15035

a. COUNTY ALTEGANY b. CITY OR TOWN (If outside corporate limits, write rural and give nearest town) write RURAL and give nearest town) FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL, STELLA R. STREET ADDRESS MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINISTITUTION (If not in hospital, give street address) MINISTITUTION (If not in hospital, give street address) MINISTITUTION (If not in hospital, give
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MINERS HOSPITAL 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MINERS HOSPITAL 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MINERS HOSPITAL 3. NAME OF OF INTITUTION (if not in hospital, give street address) MINERS HOSPITAL 4. DATE ON ON A FARM! VES NO ON ON INDORED ON ON ON ON ON ON ON ON ON O
FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL 3. NAME OF DECEASED (Type or print) 5. SEX 6. GOLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MAY 29, 1877 100. USUAL OCCUPATION (Give kind of work done 10 b. Kind of Pusiness OR 11. Birthflace (County & State, or foreign country) HOUSEWIFE 13. FATHER'S NAME THOMAS E. RAVENSCROFT 15. WAS DECEASED EVER IN U.S. ARMEDFORGES? (Yes, no, or unkown) (If yes give war or dates of service) NONE MRS. SHIRLEY VALENTINE, 25 LONG DRIVE OWN HOME CONDITION (Give kind of work done 10 b. Kind of Pusiness OR 12 b. Months 12 b. Months 12 b. Months 12 b. Months 12 b. Months 12 b. Months 13 b. Months 14 b. Months 15 b. Months 16
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL, 3. NAME OF DECEASED (Type or print) 5. SEX G. COLOR OR RAGE 7. MARRIED NEVER MARRIED NO NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MONTHS Days Hours Min. 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NINDOF BUSINESS OR INDUSTRY OWN HOME GARRETT COUNTY, MD. U.S.A. 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? WILL DAY HOW NOTE NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER NOTE NEVER NEVER NEVER NEVER NOTE NEVER NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or dates of service) NONE NONE 16. CAUSE OF DEATH TENTER ONLY ONE CAUSE OF THE ORDER OF THE ORDER NO. 17. INFORMANT GRAPH NO. 18. CAUSE OF DEATH TENTER ONLY ONE CAUSE OF THE ORDER NO. 19. AGE (IN years IF UNDER 1 FUNDER
MINERS HOSPITAL 3. NAME OF DECEASED (Type or print) STELLA R. WILAND DEATH NOVEMBER 23 19 66 5. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED 10. NEVER MARRIED 10. NEVER MARRIED NEVER MARRIED 10. UNDUSTRY 10a. USUAL OCCUPATION (Give kind of work done Industry) 10a. USUAL OC
3. NAME OF DECEASED (Type or print) STELLA R. WILAND DEATH NOVEMBER 23 19 66 5. SEX G. COLOR OR RAGE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NAME NOVEMBER 23 19 66 5. SEX G. COLOR OR RAGE 7. MARRIED NEVER MARRIED NEVER MARRIED NAME NOVEMBER 23 19 66 FEMALE WHITE WIDOWED DIVORCED MAY 29, 1877 89 yrs. November 100, KIND OF BUSINESS OR INDUSTRY OWN HOME GARRETT COUNTY NO. U.S. A. 10c. USUAL OCCUPATION (Give kind of work done industry) 12. CITIZEN OF WHAT COUNTRY? HOUSEWIFE OWN HOME GARRETT COUNTY, MD. U.S. A. 13. FATHER'S NAME NAME NAME THOMAS E. RAVENSCROFT MARIA MURPHY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. NONE MRS. SHIRLEY VALENTINE, 25 LONG DRIVE NONE NONE NONE NONE NONE NONE NONE NO
TYPE OF Print) STELLA R. WILAND SEATH NOVEMBER 23 19 66 G. COLOR OR RAGE 7. MARRIED NEVER NO. NO. NO. NO. NO. NO. NO. NO. NO. NO.
5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED NO NEVER MARRIED NEVER
DIVORCED MAY 29, 1877 89 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) HOUSEWIFE 13. FATHER'S NAME THOMAS E. RAVENSCROFT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the output of the pure of the
during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME THOMAS E. RAVENSCROFT 14. MOTHER'S MAIDEN NAME THOMAS E. RAVENSCROFT MARIA MURPHY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) COUNTRY? GARRETT COUNTY, MD. U.S.A. 14. MOTHER'S MAIDEN NAME MARIA MURPHY 15. INFORMANT WAS SHIRLEY VALENTINE, 25 LONG DRIVE ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH OUT TO Underlying cause last. (c)
HOUSEWIFE OWN HOME GARRETT COUNTY, MD. U.S.A. 13. FATHER'S NAME THOMAS E. RAVENSCROFT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NONE MRS. SHIRLEY VALENTINE, 25 LONG DRIVE 18. CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY. (IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
THOMAS E. RAVENSCROFT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT NONE MRS. SHIRLEY VALENTINE, 25 LONG DRIVE 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. (C) IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO NOE NONE NONE 16. SOCIAL SECURITY NO. 17. INFORMANT WRS. SHIRLEY VALENTINE, 25 LONG DRIVE NORE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
NO NONE MRS. SHIRLEY VALENTINE, 25 LONG DRIVE 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) 1 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
PART I. DEATH WAS CAUSED BY. IMMEDIATE GAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Conditions, If any, which gave rise to immediate cause (a), stating the cause (c)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO CC)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO
cause (a), stating the DUE TO underlying cause last. (c)
underlying cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING AUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH
YES NO OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officebldg., etc.) While at work at work at work
21. I certify that (I) (this hospital) attended the deceased from 1966 to 1/123, 1964 that (I) (we) last
saw the deceased alive on 1/1/2 19 66, and that death occurred at 7/4 M, from the causes and on the date stated above.
ATTENDING TO MED. STAFF
22c. PHYSICIAN'S ATTENDING MED. SIAFF PHYS. DIRECTOR PHYS. 16/2.5/66
NAME (Type) JOHN B. DAVIS, M.D. BROADWAY, FROSTBURG, MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of County) First (State)
BURIAT. NOV. 27. 1966 NEW GERMANY METH. CEM. NEW GERMANY CO. MD.
24. FUNERAL DIRECTOR ADDRESS (25a. REC'D BY REGISTRAR'S SIGNATURE
MARILOU SOWERS HAFER FUNERAL HOME Mailou M. Xowers 60 W. MAIN ST. FROSTBURGOATE DEC ? 1966 Icharley Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15033

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15036

					7000
I. PLACE OF DEAT	1		2 USUAL RESIDENCE (Where deceosed		ce before odmission)
o. COUNTY	ALLEGANY	MARYLAND	O STATE MARYLAND	b COUNTY	ALLEGANY
b CITY OR TOWN	(If autside carporate mits,	c LENGTH OF STAY N 16	c C TY OR TOWN (If outside corporate	imits write RuRAL and give	neorest town)
FR	OSTBURG	D. O. A.	FROSTBURG		
d NAME OF HOS	PITAL OR INSTITUTION (If not in hospital	, give street oddress)	d STREET ADDRESS		9 IS RESIDENCE ON A FARM?
M	NERS HOSPITAL		5 MT. PLE	ASANT ST.	YES NO
3 NAME OF DECEASED (Type or print)	HARRY	Middle W	DEATH	NOVEMBER	24, Year 24, 19 66
SEX	6 COLOR OR RACE 7 MARR EL		8 DATE OF BIRTH 1908 9 A	GE (In years IF UNDER I	YEAR IF UNDER 24 HR Doys Hours Min
MATR	WHITE W DOWER	DIVORCED .		5 yrs.	
Oo USUAL OCCUPAT	ON (Give kind of work dane 10b	KIND OF BUS NESS OR INDUSTRY MILL	11 BIRTHPLACE (State or foreign count	ry) 12 CIT COI	IZEN OF WHAT
		EEL MILL	MARYLAND	U	S. A.
13 FATHER'S NAME			14. MOTHER'S MA DEN NAME		
	WILLIAMS	COSTAL CONTRACTOR NO. 1 17	JEAN POLLO	X 5 MT	. PLEASANT
(Yes no of unknow	EVER IN S ARMED FORCES? (If yes a ve wor or dotes of service) (If yes a ve wor or dotes of service)		informant IZABETH WILLIAMS, 1		
	DEATH (Enter only one couse per line for				INTERVAL BETWEEN
	EATH WAS CAUSED BY MMEDIATE CAUSE (0)	Cor	onary Occlusion	n	Swaden
420	, , , , , , , , , , , , , , , , , , , ,				
	ny which gove) (b)	Co	ronary Scleros	18	
stoting the un	derlying couse DUE 10				
120l) (c)	To office to Tuesday To	THE TERMS IS NOT THE COURT THE COURT		9 WAS AUTOPSY
NO PART IT OTHER	SIGNIF CANT CONDITIONS CONTRIBUTING	E TO DEATH BUT NOT RETAILED TO	THE TERMINAL DISEASE CONDITION GIVEN	€ PAKI I(o)	PERFORMED? YES NO
CALISE OF DEAT	CONTRIBUTING [DESCRIBE HOW NURY OCCURRED	(Enter noture of injury in Port I or Port II	of tem 18)	
20c TIME OF I		IN.JRY OCCURRED 20e PLA le Not While foc	CE OF NJURY (Home, form, 20f (Cory, street, office bldg , etc.)	ity or town) (Cou	nty) (Stote)
21. I cer			eld an Autapsy 🗶 , Inspection	X Inquiry X.	and in my apinio
	-			etermined manner	1
4670141	1 . 1	To in 1	CHIEF MEDICAL EXAMINER		
ACTUAL SIGNATURE	Dewedict 1	Ketarelie	MD ASSISTANT MEDICAL EXAMINER		22. DATE SIGNE
EXAMINER'S	DEMENTON SVI	DADETTO M.T	DEPUTY MEDICAL EXAMINER X		
NAME (Type)	BENEDICT SKI				
230 BJRIAL, CREMA BURIAL BURIAL	. A. A	23c NAME OF CEMETERY OR		ON (City or Fown)	(County) (Stote)
24 FUNERAL DIREC		FB'G. MEMORI	AL PARK FROS	STBURG, MD. 25b. REGISTRAR'S SI	CA ATUDA
Z4 FUNERAL DIKE		MUDKESS	230 KEC U BT KEGISIKAK		

VR A15MF (5)

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form. PM3. Page

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

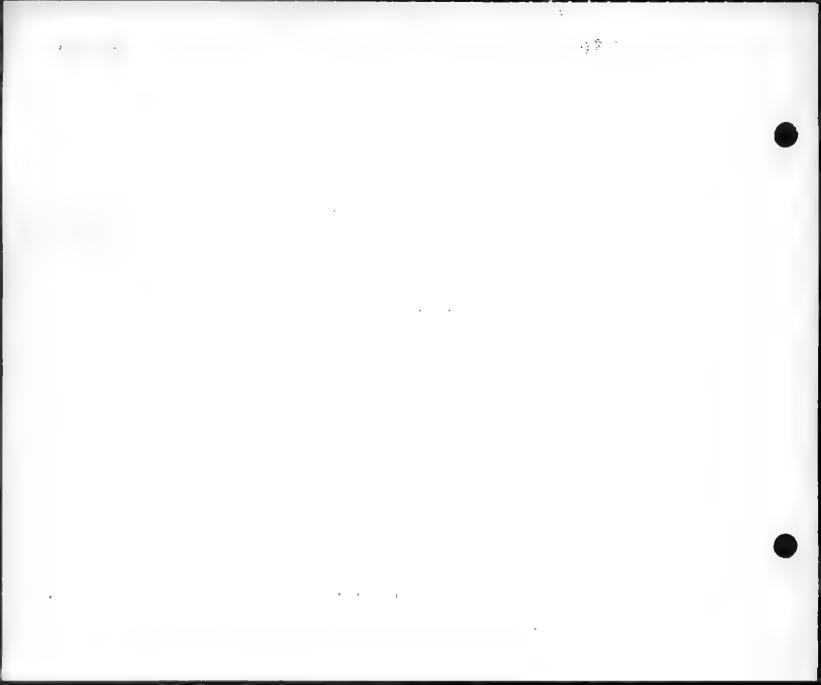
TO DEPUTY MESTAL IXABILITY

This certificate should be executed within 24 hours after death 1f

y dullay is 2, and 3 to

JUSEPH R. DURST, SR., FROSTBURG, MD.

1966



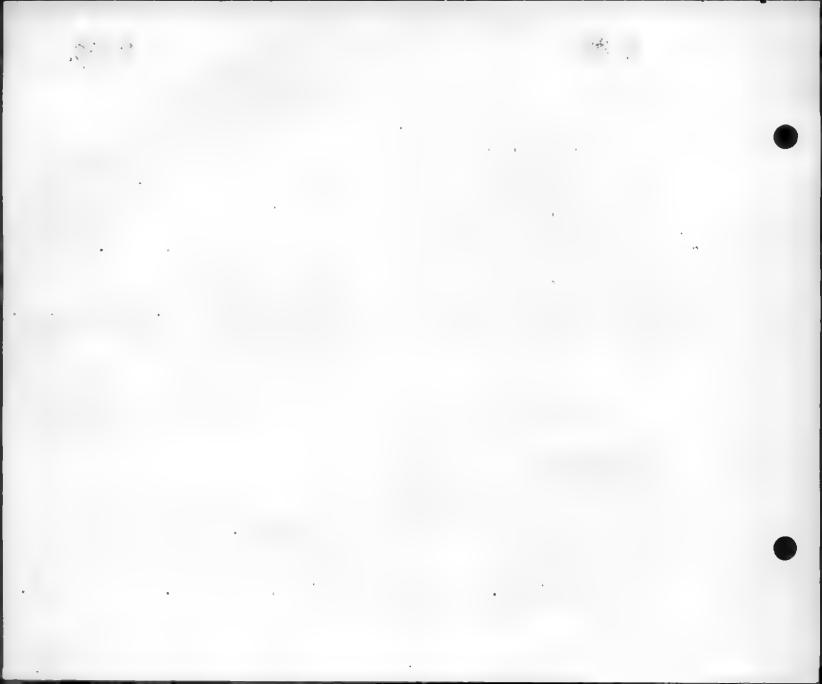
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 15034 and 2 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY **B. COUNTY** ALLEGANY cian and campletely filled in by the fur lease remove carban papers. Pages 1 and in any event, within 72 hours after MARYLAND CITY OR TOWN (If autside corporate limits, t CITY OR TOWN (If aufside carparate limits, write RJRAL and give nearest fawn)

CUMBERLAND c. LENGTH OF STAY IN 1b write RURAL and give nearest town) **CUMBERLAND** 79 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 210 SUNSET DRIVE MEMORIAL HOSPITAL YES NO 7 3. NAME OF 4. DATE Middle 105 Manth NOV. DECEASED WILSON RALPH (Type or print) DEATH AGE (n years IF UNDER 1 YEAR S SEX B DATE OF BIRTH IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Mer pirthday) Months Hours 12-1-1919 WHITE WIDOWED DIVOR CED MALE 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)
OWNER & OPERATOR INDUSTRY WESTERNPORT. MD. AUTO PARTS 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME RALPH S. WILSON FLORENCE HARDING 17 INFORMANT 15 WAS DECEASED EVER IN J.5 ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, ng. ar unknown) (If yes give war or dates af service) HOSPITAL, CUMBERLAND. 6 WW 2 crematian. INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one cause per sine for (a), (b), and (c).) ONSET AND DEATH PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO burial. Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse as the last. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) FICATION Health NO TA 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. af detached (IF FITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg , etc.) ot wark ot work 19 66 to 21 I certify that (I) (this haspital) attended the deceased fram 1 noz. 19 66 that (1) (we) last and that death accepted at A. M. from causes and on the date stated above. saw the deceased alive on 1 non. 66 225. DATE SIGNED 22a, SIGNATURE 3 Nov 66 DIRECTOR W M.D director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) WILLIAM A. 122 S. CENTRE ST. CUMBERLAND. MD. VAN ORMER 23a. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMFTERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) HILLCREST BURIAL PARK NOV. 4,1966 CUMBERLAND, MD. ADDRESS 25a REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR CUMBERLAND, MD.

The law requires that the death certificate be executed within 24 hours after death attending physician ar permit Then please r ian ar emake, and in signed by the burial-transit p be retained by the hospital ar attending physician. has TO FUNERAL DIRECTOR: After Page 4 may

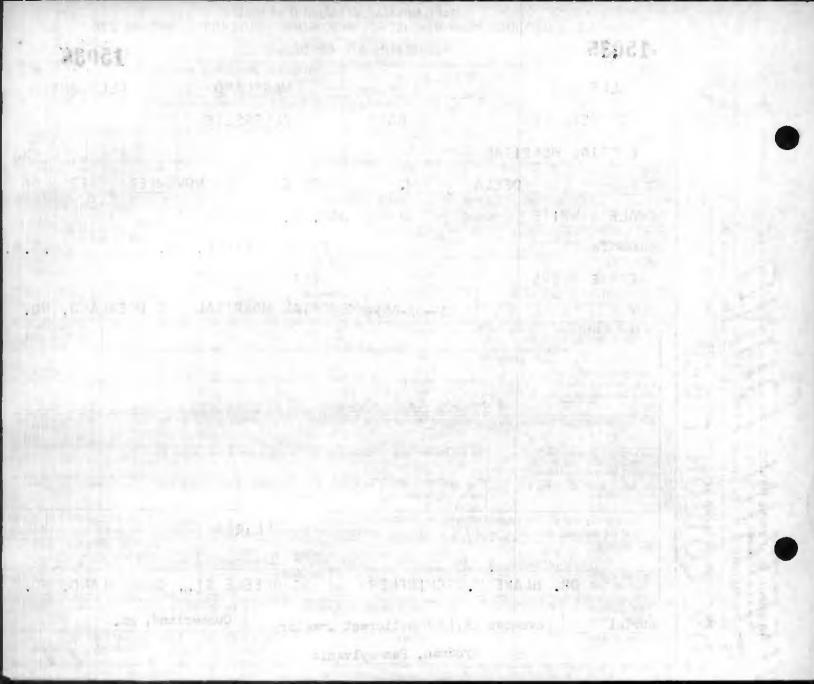
VR A15 (4) 20 M 1/66



physician and campletely filled in by the funeral nen please remove carban papers. Pages 1, and 2 haval, and in any event, within 72 haurs after beath. **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the arter director, page 3 should be detached for use as the burial-transit petra shauld be filed with the State Dept. of Health prior to burial, crematian, a

VR A15 [4] 20 M 1/66

10000		CERTIFICATI	L OF DEATH		15038
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if instituti	
a. COUNTYALLEGA	NY	MARYLAND	O. STATE MARY	YLAND b. COUN	ALLEGANY
b. CITY OR TOWN (If autsic	de carporate limits,	c. LENGTH OF STAY IN 16		utside carparate limits, write RUR	
write RUPAL ON BER		9 DAYS		ERSLIE	01-1
d. NAME OF HOSPITAL OR I	INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. 15 RESIDENCE
MEMORIAL					ON A FARM? YES NOW
3. NAME OF	First	Middle	Lost	4. DATE Mont	h Doy Year
DECEASED (Type or print)	DEL	LA M.	WOLFE	DEATH NOVEMB	ER 12 19 66
	LOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE W	HITE V	WIDOWED DIVORCED	JAN. 3 . 18	B93 lost_birthday) 73 yrs.	Manths Days Hours Min.
100. USUAL OCCUPATION (Give I	cind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT
duting apost of working life, eve	n if refired)	INDUSTRY	CORRIGAN	WILLE, MD.	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
GEORGE M	YERS		ELIZABE	ETH LAPP	
IS. WAS DECEASED EVER IN U.S	. ARMED FORCES?		INFORMANT	Addre	
(Yes, no or unknown) (If yes	Tive wor or onles or ser	214-07-0634BM	EMORIAL HO	OSPITAL CUI	MBERLAND, MD.
18. CAUSE OF DEATH (E	nter only one cause p	er line far (a), (b), app(c).)	141		INTERVAL BETWEEN
PART I. DEATH WAS	MMEDIATE CAUSE (a)	tate Planne	ture "		ONSET AND DEATH
4200	DUE TO	A	L 0	11 110	
Conditions, if ony, which rise to immediate cause		Deserted as	timben	- fee less	m year
stoting the underlying		1 5 0 0.+	0. 0	. 0 8	- /-
last.) (c) -	gistura vil	when 2 13.	& ci you	avers
PART II. OTHER SIGNIFICA 20g. ACCIDENT WAS UNDER OR CONTRIBUTING TO CAU (If EITHER MOTTES MEGICA (If EITHER MOTTES MEGICA (IF EITHER MOTTES MEGICA (IF EITHER MOTTES MEGICA (IF EITHER MOTTES MEGICA (IF EITHER MOTTES MEGICA (IF EITHER MOTTES MEGICA (IF EITHER MOTTES MEGICA (IF EITHER MOTTES MEGICA (IF EITHER MEGICA (IF EITHE	NT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES \ NO \
20a. ACCIDENT WAS UNDER		205. DESCRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in	Part I or Port II of item 18.)	
20c. TIME OF INJURY Mo	onth, Doy, Year		ACE OF INJURY (Hame, farr		(County) (State)
Haur o.m.	19	While at wark at wark	ctory, street, affice bldg., etc.		
21. I certify the	at (I) (this haspita	al) attended the deceased frame	efect !	19/2 6 to Mm-12	, 1966 that (I) (we) la
saw the decease	ed alive and	1966, and the	at/death occurred di	: LOAM, from causes	and an the date stated abov
22a. SIGNATURE	AV O	11	ATTENDING (7)	MED. STAFF	22b. DATE SIGNED
1141	(well	* M	A.D. PHYS. Z	DIRECTOR L. PHYS. L.	1//2/00
22c. PHYSICIAN'S NAME (Type)	R. BLANE	M. SCHINDLER		EENE ST., CUI	MBERLAND, MD.
23g. BURIAL CREMATION.	23b DATE THEREO	F 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City of Tox	wn) (County) (Stote)
REMOVAL (Specify)	100.	r 15,1966 Hillcrest		Cumberland,	
24 JUNERAL DIRECTOR	THO A BUILDE	ADDRESS	25a. REC		GISTRAR'S SIGNATURE
Howard.	sexten	Hyndman, Pennsyl		QV 17 1986 &	Miarles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15036 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY g. STATE Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nagrest town)
CUMDETLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland years IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 400 Springdale Street 400 Springdale Street YES NO 3 3. NAME OF 4. DATE Manth Middle First Lost Year DECEASED Yingling 29 19 66 Roy Durwood Nov. (Type or print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** (lost birthday) Months Oct. 3, 1900 White Male WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of warking life even if retired) Station Altoona, Pa. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Yingling Louisa ? 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service Mrs. Grace Yingling, Cumberland, Md. Wife INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), **DUE TO** stoting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, form, (City or town) 20d. INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Nat While Haur a.m. While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram 196570 2402 29 saw the deceased glive on 2002. 25 1966, and that death occurred and 65 M, fram causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING Nov.30.1966 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Dr. Clay E. Durrett, M.D. Virginia Ave., Cumberland, Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Dec. 2.1966 Davis Memorial Cemetery Cumberland . Md . Allegany

ADDRESS

James F. Scarpelli, Cumberland, Md.

2Sa. REC'D BY REGISTRAR

DATE DEC 5

2Sb. REGISTRAR'S SIGNATURE

The law requires that the death certificate be executed within 24 hours after death by the funeral Pages I and hours filled in I bon popers. within 72 ho corbon ond completely remove physician o the ottending passit permit. The or remo cremation, signed by the burial-transit purial, cremati physician as the prior to ottending hos been Heolth by the hospitol or TO FUNERAL DIRECTOR: After this certificate detached for the Dept. of H State pe be retained director, page 3 should should be filed with the Page 4 may

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

